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## ORIGINAL DEPARTMENT.

### LECTURE.

CLINICAL LECTURE ON DISEASES OF WOMEN,  
DELIVERED AT THE COLLEGE OF PHYSI-  
CIANS AND SURGEONS, NEW YORK.

BY PROF. T. GAILLARD THOMAS, M. D.

Reported for the MEDICAL AND SURGICAL REPORTER.  
EXTIRPATION OF THE UTERUS.

GENTLEMEN: Those of you who were present at my last clinic at the Woman's Hospital, six days ago, will be interested, I think, in hearing how the case in which I removed the entire uterus has been progressing since the operation; and it affords me great pleasure to tell you that there has never been any increase of temperature, or the slightest unfavorable symptom of any kind. The patient now, therefore, may be safely said to be out of danger, and already she has been removed from the isolated cottage in which the operation was performed, to a room in the general hospital building. This, I may say in passing, is the fifteenth case in which I have operated for the removal of the uterus; and of these fifteen, eight have recovered, while seven have proved fatal. In considering this percentage of deaths, however, it is well to remember that every one of these fifteen patients would certainly have died if the operation had not been undertaken. I am perfectly sure, also (or at least as sure as one can be of anything which he cannot positively demonstrate), that out of the next fifteen cases in which I perform this operation I can save a larger percentage of patients than this; for in looking back over those which have terminated fatally I can detect mistakes or lack of certain precautions

on my part, which, without doubt, contributed to the unfortunate result.

#### OVARIAN TUMOR IN A YOUNG GIRL.

Our first patient to-day is Margaret H—, born in Nova Scotia, aged eighteen, and single. The history which she gives of herself is a very striking one in many respects. She says she has been sick for two years, and that up to two years ago she was perfectly healthy. At that time she had a very hard fall, striking flat on the abdomen, and the next day there came on a very severe uterine hemorrhage. This flowing continued for several months—three at the least—and she says she then called in a physician, who gave her some medicine, which gradually stopped it. Since then, however, there has never been any return of the menses; but as time went on, she noticed that her abdomen was gradually growing larger. She is now as large as a woman ordinarily is at the eighth month of utero-gestation, and she says there has been no menstrual discharge for at least eleven months.

The abdomen of this young girl presents, then, a large hard mass, and she comes here to-day to find out what the trouble is. Suppose that, instead of coming to the college, she had gone to the private office of any one of you. You can see at once that very delicate questions would have arisen for you to decide, and that a great deal would have depended on the diagnosis which you made; for the case is one of importance in many ways. In the first place, she might have slipped on a sidewalk of a city like this, and, attributing all her trouble to the fall, might have called upon you for an opinion which would justify her in

bringing suit for damages against the municipal authorities for the condition of the streets. Thus, next week I shall have to make an examination in the case of a woman who slipped and fell three years ago, and who ever since has suffered so greatly from dyspareunia, that marital life is a serious burden to her. In consequence of this she is bringing suit for \$12,000 against the city, and I shall have to be extremely careful in expressing an opinion as to whether or not the trouble of which she complains is really attributable to the injury incurred in the fall.

Another important point to decide here is, what sort of an abdominal tumor is this, and what connection has the amenorrhœa with it? Perhaps the amenorrhœa may be natural, and the tumor a living one. As to the statement of the patient that it has continued for eleven months, that should have no weight whatever in affecting our opinion of the case. Many instances have, unfortunately, occurred in which the abdomen has been opened and the trocar plunged into a tumor supposed to be ovarian, which proved, to the operator's chagrin, to be nothing more or less than a gravid uterus. If utero-gestation should really exist, and you should express the opinion that this was not the case, or if just the opposite of this should be true, you can readily see in what an unpleasant position you might place yourself. Let me show you, then, how I would advise you to conduct your investigation in a case like this, in such a way as to avoid error and arrive at the truth. The problem you have to solve is, what is the character of this tumor, and what its connection with the uterine hemorrhage and the subsequent amenorrhœa?

What, now, might it be? It might possibly be any one of thirty or forty different things; but the most of these conditions are so exceedingly rare as to render it unnecessary to take them into account at all. What, then, are the things that it is really likely to be? First of all, in every such case you should always, without any exception whatever, think of utero-gestation. Even if it were one of the vestal virgins themselves, let this be the first supposition on which you proceed with your examination.

At the period of pregnancy, when the abdomen is as large as in the present instance, the cervix ought to be quite soft and a little patulous, and the markedly protuberant anterior wall of the uterus bulging in front of it; while through the os something hard (whether the head or the back of the child) should be felt moving up and down. Instead of this state of affairs, I found on exami-

nation here the cervix and uterus of a virgin, and venturing, on account of this, to pass the probe, it entered the cavity, which I ascertained to be empty for two and a half inches, and in a direction which showed the uterus to be turned backwards. But, notwithstanding all this, the patient might still be pregnant; for this might possibly be one of those rare cases where there is a double uterus. I began, therefore, my examinations on the outside of the abdomen. If in a case of pregnancy you keep your hands steadily upon the uterine tumor for some time, you cannot fail to detect a hard mass and the movements of the child. Then, with careful auscultation you ought to be able to distinguish the fetal heart-sounds, and the so-called placental *bruit*. The latter is in reality a uterine *bruit*, however, as the sound is caused by the rushing of the blood through the uterine sinuses. Nothing of the kind was found in this case; nor were there any mammary indications, or any other sign of utero-gestation whatever. This hypothesis is, therefore, to be discarded.

Secondly, the abdominal enlargement might be caused by a large uterine fibroid; but in that case the tumor would be very hard and unyielding. Here, on the contrary, I can get a distinct wave on palpation. Has the patient, then, ascites, which might perhaps too be due to disease of the liver or of the peritoneum? If this were the case, there would be perfect resonance on percussion at the upper part of the tumor, from the fact that the intestines would float on the top of the water. There is, however, not a trace of resonance at the top, the percussion-note being perfectly flat at that point, while there is resonance at the sides, much more marked on one than on the other. She has not, therefore, ascites.

We arrive at the conclusion, then, that she is probably suffering from some form of cyst. This might possibly be of the liver, the kidney, or some other organ; but there is one kind of cyst that is so vastly more common than any other that we will be hardly likely to err if we conclude it to be of this character, and that is the ovarian. There are special reasons also for supposing it to be an ovarian tumor. The mass extends fully down to the pelvis, and it has pushed the uterus backward and downward, as we have previously ascertained. To show you how valuable I regard the former of these signs, I will mention that in a case in which I operated about six months ago, as soon as I found that there were intestines between the tumor and the iliac fossa, I confidently

asserted that whatever else the growth might be, it was certainly not an ovarian cyst. The result proved it to be an enormous cyst of the kidney, its size being one and a half times as large as my head.

So much for the diagnosis of the tumor: now for the question of its etiology. Let me caution you in the first place to beware how you give your support to the hypothesis (on which a suit for damages may be based) that because a certain difficulty from which a patient is suffering came after a fall or other injury, that it is the result of that injury. Some time ago a lady consulted me who said that she had a severe fall upon the back, and that profuse uterine hemorrhage had immediately followed. From her account, I supposed that it was probably a typical case of acute retroversion of the uterus; but when I made a vaginal examination, what was my surprise to find that instead of this there was advanced carcinoma of that organ. Yet the patient until that time had never had any hemorrhage or other symptom to indicate the presence of malignant disease. You must be on your guard, therefore, in regard to *post hoc, propter hoc*. I doubt not that the fall was the exciting cause of the hemorrhage here, but do not believe that either the hemorrhage or the amenorrhœa would have resulted if the ovaries had been in a healthy condition at the time of the accident. I am speaking only from experience; but in the light of that I do not hesitate to say that this girl's trouble is not due to any such cause. On the contrary, I believe that at the time she fell she had cystic degeneration of both ovaries. The fall, however, probably did cause the rupture of one or more of the ovarian cysts, and thus gave rise to the hemorrhage; while as the hemorrhage continued, the ovary went on increasing in size.

Finally, as to the prognosis. Unless ovariectomy is performed, it is a completely hopeless one. I need not say how fully established is the point that drugs are utterly useless in this affection. You will doubtless hear of many cases of ovarian tumors which have been cured without resort to the knife; but the explanation of this is, that they have not been true ovarian cysts. It not unfrequently happens that a patient comes to an ovariectomist with a tumor of considerable size, but because he thinks it is not at the time sufficiently large to demand removal, he tells her to return to him in six months; yet when she comes back to him at the end of that time, the growth may have entirely disappeared. This is because it was a par-ovarian cyst, a simple cyst of the

broad ligament, which contained nothing but pure serum; and it is the cases of this character in which recovery takes place spontaneously, though the cure is generally attributed to whatever medicine the patient happens to be dosing herself with at the time.

This being, without doubt, however, a true cyst of the ovary, ovariectomy becomes imperatively necessary. When, then, shall the operation be performed? At once, I should say. The late Professor Peaslee, one of our highest authorities on the subject, was in favor of postponing the operation to the last possible moment, on the ground that the patient ought to be permitted to enjoy life as long as she could. But the fact is, that the patient cannot enjoy life with such a tumor. Its presence makes her utterly miserable, and after it has attained a certain size, the sooner its removal is accomplished the better; not only because of the inconvenience and suffering which she will be spared, but because her chances of recovery will be much better than if it is postponed too long. The tumor in the present case now, no doubt, weighs twenty-five or thirty pounds, and it is high time that it should be gotten rid of.

I feel almost certain that double ovariectomy will have to be performed here; and for the reason that the patient has not menstruated for eleven months. The fall, certainly, had nothing whatever to do with this, for women are continually meeting with all sorts of accidents and injuries, but they go on menstruating just the same if the ovaries are healthy. It is the cystic degeneration of these organs, and not the fall, which has put a stop to this young woman's menstruating.

#### CYSTS OF THE UTERO-VAGINAL GLANDS.

Mrs. Ann R—, thirty years old, has been married three years, and has had one child. This is a very acute case compared with most of those that we meet here, as she says she has been sick only eight days. Eight days ago she began to suffer intense pain, accompanied with a burning sensation, whenever she attempted to pass urine, and yesterday she noticed, for the first time, a lump gathering within the vulva. This is the history.

One of the great advantages of a clinic like this is, I think, that many of the cases which you see here are likely to present themselves to your minds when in the future you meet with similar ones in your own practice; and it may be that many years from now the memory of some special case here at the clinic may enable you to

successfully treat one of the same character which you then meet with for the first time yourself, and which might otherwise have proved a puzzling one to you. Thus, the present case may fix itself in the memory of some of you, just as one that I will now mention did in my own. Twenty years ago, a lady from the South consulted me for aggravated dysmenorrhœa; the pain coming on during the first day of the flow and being excruciating. It was before the days of the hypodermic syringe, and her suffering was so agonizing that nothing seemed to give her much relief. After remaining in New York for a number of months without receiving any permanent benefit, she returned to her home in the South, where some time afterward her physician removed a small fibrous polypus, hanging by a pedicle from the uterine canal; and after that she had no further trouble. The explanation of the case was, that this little fibroid, being comparatively free in the cavity, had acted like a ball-valve in preventing the escape of the menstrual blood, and thus set up the uterine contractions which caused the patient such extreme pain. Gradually, the fibroid worked itself downward along the uterine canal, until it was finally extruded from the cervix, when its removal became a very trifling matter.

Since then, I have never met with a case in which the symptoms were quite the same as in this case until this very day, when a lady came to my office who suffers in precisely the same manner. Whether the trouble is due to the same cause, I do not know; but with the experience of the other case in mind, I shall at all events take the precaution of dilating the cervical canal with sea-tangle, and examining to see whether there is not such a fibrous polypus present; and it probably would not have occurred to me to do this if I had not come across the other case twenty years ago.

In the case now before you, which, perhaps, may recur to some of you many years from now, there is a cyst of considerable size under the right *labium majus*, which is excessively painful to the touch; and under the left arm there is a similar, though smaller, cyst.

So much irritation have these cysts caused, that there is now quite a severe vulvitis in consequence. If you did not make a correct diagnosis, this case might give you a good deal of perplexity; but if you recognize its true character, you would find it one of the most curable cases to be met with in practice. These cysts are due to a degeneration of the vulvo-vaginal glands, whose excre-

tory ducts have been closed by inflammatory action. The vulvo-vaginal glands were first described by Bartholinus, after whom they are often called; but, [strangely enough, his description was entirely lost sight of for a long time, and they were rediscovered, as it were, by M. Huguier, of Paris, in 1841. When they become inflamed vulvitis, urethritis, and more or less vaginitis, are the results, as in this case, and coitus becomes utterly intolerable. In this condition all sorts of lotions and soothing applications are often ordered; but such treatment is absurd, for the reason that the ducts of the glands, as has been mentioned, are closed by the inflammatory action. If we could probe them with the same skill that the oculist does the lachrymal duct, good results might perhaps be secured by the operation; but I have never heard of such a thing being done. The treatment that I unhesitatingly recommend in such cases is to snip off a section of the cyst (having first anesthetized the patient), and then stuff it with carbolized cotton. This cures permanently, because the gland soon disappears entirely after the operation. The French writers advise dissecting out the gland; but the great objection to this procedure is that a branch of the pudic artery is very liable to be severed in it, and as the artery lies very deep under the ramus of the pubes, it is difficult to control the hemorrhage that results.

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## COMMUNICATIONS.

### SUCCESSFUL TREATMENT OF PSOAS ABSCESS.

BY J. M'F. GASTON, M. D.,  
Of Atlanta, Ga.

A full report of this case is presented under the impression that these details are essential to a proper comprehension of its exceptional termination.

On September 29, 1884, the case of A. B. came under my care, he being a young man of vigorous constitution eighteen years old, who had been a student in a literary institute of upper Georgia, and had spent his summer vacation in the lower part of this State and in Florida. Some weeks previously he had pain in the lumbar region, with fever, for which sulphate of quinine had been taken, and a blister had been applied upon the right hypochondriac region.

When he came into my charge, there was a coated tongue and some sensitiveness over the kidneys, with a frequent inclination to urinate,



and he had torpid bowels. Upon testing the urine there were no evidences of albumen, nor was there any deposition of solid matter on standing. His disease had been mistaken for rheumatism by another medical attendant. With a view to correct the biliary function, and to relieve the renal irritation, he was prescribed :

R. Calomel, 18 grs.  
Nitrate of potash, 60 grs.  
Mix and divide into 6 powders, of which take 1 every two hours.

Also he was ordered externally :

R. Pomade of belladonna, 15.  
Camphor, 15.  
Iodine, 5 grs.  
Iodide of potash, 30 grs.

Mix, and apply little by little over the kidneys and liver, with a poultice of flaxseed applied frequently to the same regions.

The medicine having operated, on the following night, September 30, he was directed as follows :

R. Dover's powder, 12 grs.

Take with interval of 2 hours before bedtime. Chicken soup with rice was recommended as diet, with a cup of tea and toast night and morning.

October 1, 1884. The tongue remained coated to some extent, and the renal irritation had not disappeared, so that I prescribed the following :

R. Infusion of buchu leaves, 10 ounces.  
Syrup of squilla, 2 ounces.  
Soluble cream of tartar, 1 ounce.

Mix and take half a wine-glass every two hours.

Finding upon examination over the liver and kidney of the right side, a saliency with indications of local inflammation in their respective localities, four leeches were applied over each protuberance, with directions to apply subsequent cataplasms of flaxseed.

October 2, 1884. The general and local indications called for a repetition of the calomel and nitre, so that the prescription of the 29th of September was used again in the same form, with a moderate effect upon the bowels, and with evident relief to the symptoms of derangement in the biliary and urinary functions, and subsidence of the local swellings.

During three days there had been no febrile excitement, but now there was marked pain throughout the right lumbar region extending down towards the inguinal, through the iliac fossa of that side, and accompanied by considerable retraction of the lower extremity of the same side, with restlessness at night, so that an anodyne was given.

R. Sulphate of morphia, 1 grain.  
Sugar of milk, 12 grains.

Mix and divide in two powders. Give one, and

in case he does not sleep within two hours the other may be taken.

October 3. Found that both portions of the morphia had been required to secure rest the night previous. The buchu mixture was resumed internally, and the belladonna ointment, with addition of an equal quantity of mercurial ointment was rubbed into the right lumbar and iliac regions, with a warm flaxseed poultice applied over this space continuously. The same prescription of morphia ordered for the night as on yesterday.

October 4. Both powders of morphia were required to allay pain and procure sleep. Continued treatment of previous day, including the anodyne.

October 5. A mitigation of suffering was apparent, but with impairment of the general strength, and deep-seated tenderness upon pressure in the iliac fossa, with restlessness at night, demanding both portions of the morphia to secure sleep, which came on only after midnight. The following formula was ordered to be prepared :

R. Infusion of cinchona bark, 1 pound.  
serpentaria and cinnamon, 2 drachms.  
tempered with elixir (antefebile mixture of Lewis),  
Chlorate of potash, 2 drachms.

Mix, and take half a wine-glass every two hours.

And for external application to iliac region :

R. Collodion, 1 ounce.  
Tincture of iodine, 2 drachms.  
Camphor, 1 drachm.

Mix and apply with camel's-hair pencil night and morning continuously.

The sulphate of morphia was directed to be taken at a single time, in the dose of one grain at 9 o'clock p. m.

October 6. Without changing the treatment in other respects, the addition of spirits of turpentine was made on account of a slight tympanitic distention of the abdomen, giving one of the "Parvles d' Essence d' Terbinthine du Clertan" every two hours, along with the mixture of bark, etc., and a grain of morphia at night. This course was kept up for two days without any material change in the symptoms, excepting loss of appetite; and milk was the only article he relished as food.

October 8. With a view to a tonic and alterative influence, Fellows' syrup of hypophosphites was directed, in the dose of a tablespoonful every three hours; and finding that the deep-seated inflammatory action indicated the development of a psoas abscess; the collodion coating was discontinued, while camphorated mercurial ointment, with flaxseed poultices, was ordered over the space within the crest of the ileum, and extending

from the lumbar to the iliac, and down to the inguinal region, to be kept up from day to day.

October 9. To counteract a general tympanitic distention of the abdomen, and relieve the pain extending down the right thigh, this liniment was applied:

℞. Spirits of turpentine,  
Olive oil,           aa       2 ounces.  
Camphor,               2 drachms.

Mix, and rub over the parts twice a day, leaving a flannel compress over the bowels.

The dose of morphine at night was reduced to a half-grain, but without inducing sleep until the latter part of the night, and was kept up thus. This general course, with the syrup of hypophosphites internally, the ointment and poultices over the iliac fossa, with the embrocation of spts. of turpentine to the lower bowels and the thigh, was observed for several days. But observing that there was an increased excitability of the nervous system with the further diminution of the anodyne, it was thought expedient to resort to another nervine preparation in place of the morphine.

October 13. This formula was ordered:

℞. Bromide of potash,       2 drachms.  
Chloral hydrate,       1 drachm.  
Elixir,               2 ounces.  
Water,               4 ounces.

Mix, and take a tablespoonful every two hours at night until rest is secured.

Enemata were resorted to occasionally to move the bowels.

October 14. The effect of the repeated doses of the mixture taken last night was not satisfactory, as it had no soothing influence upon the patient, and it was therefore resolved to resort again to the sulphate of morphia in doses of  $\frac{1}{4}$  grain at night.

October 15. There was copious vomiting on several occasions this morning, which was attributed to the disturbance of the digestive functions from the preparation of bromide of potash and hydrat. chloral; and I prescribed that good stomachic, old sherry wine, to be taken in portions of a half a wineglass every two or three hours, in connection with light nourishment.

October 16. As the stomach was still disordered with indications of acidity, my favorite corrective for this class of troubles was resorted to, with a happy effect in arresting the nausea and vomiting:

℞. Lime water,               3 ounces.  
Camphor water,       2 ounces.  
Peppermint water,   1 ounce.

Mix, and take a tablespoonful every hour.

From this time there was comparative relief

from suffering, yet with the gradual development of a fluctuating prominence within the crest of the ileum, which was diagnosed as psoas abscess, and the poultices were assiduously applied, with a view to invite the purulent collection to the surface, so as to be discharged at an early day.

October 20. Dr. J. P. Logan was invited to see this case with me, and upon examination he confirmed my judgment of the nature of the case; so that I proceeded to make an opening with a thumb-lancet into the softest and most salient part, midway between the point of the last rib on the right side and the crest of the ileum. A fine discharge of pus followed the withdrawal of the lancet through the orifice which corresponded to its breadth, and a drainage-tube was then introduced, extending some eight inches forwards and downwards within the sheath of the psoas muscle. It should be stated that there was no evidence at that time of the extension of the abscess posteriorly, and consequently there was no drainage indicated except in the direction of Poupart's ligament.

October 22. The following tonic was prescribed:

℞. Decoction of Peruvian bark, 1 quart.  
Strong sulphuric acid, 1 drachm.

Mix and take half a wine-glass every three hours.

Generous living was recommended, including beefsteak and soft eggs, with milk punch. The discharge was profuse around and through the drainage-tube, and great relief was felt in all respects, excepting a sense of weakness and evident emaciation from the continuous drain.

October 26. The following record appears in my note-book:

℞. Sulphate of morphine, 1 grain.  
Sugar of milk, 30 grains.

Mix and divide into four powders. Take one at night.

The anodyne had been gradually reduced to the dose of  $\frac{1}{4}$  of a grain for the twenty-four hours, and this sufficed to give him rest at night. Three drops of tincture nux vomica, with half a glass of port wine, was given every three hours in the day.

After the application of poultices were discontinued, owing to the gradual diminution of the discharge, compression was used over the surface, with a view to approximate the walls of the abscess, and the drainage-tube was discontinued. At this time a coating of the entire surface with the collodion mixture was resumed, and kept up until all discharge ceased.

In the meantime, there were indications of trouble in the deep-seated tissues of the lumbar

regions, posterior to the opening, but no signs of any discharge from that direction; and diurnal fevers, with slight rigor at the commencement, and followed by sweating, came on usually after midday, so that my colleague, Dr. J. P. Logan, was again invited to see the case with me on account of the constitutional disturbance.

October 30. Upon consultation, we concluded that most probably the developing abscess near the lumbar vertebra gave origin to the paroxysms as they corresponded to the stages of hectic fever; but in the event that there was any malarial complication from previous contamination of the system, the same kind of medication was calculated to combat either, so that we concluded to use the following prescription:

R. Sulphate of quinine, 30 grains.

Divide in six capsules, and take one every two hours until four are taken to-day, and two remaining, with a like interval, to-morrow morning.

Afterwards, he continued to take five grains of the sulphate of quinine, twice in the morning for two days, and once for two other days, with almost complete relief to the paroxysms.

November 4. Finding that some fever appeared each afternoon, I ordered as a corrective, the following:

R. Salicylate of soda, 2 drachms.  
Iodide of potash, 1 drachm.  
Fluid extract of jaborandi, 6 ounces.

Mix, and take a teaspoonful every three hours.

November 8. The periodical exacerbations having disappeared, he resumed the use of Fellows' syrup of hypophosphites.

Observing that the accumulations in the lumbar region caused some protuberance with evident fluctuations, and that no discharge from this source found an outlet at the orifice, which was still open, it occurred to me that another incision would be requisite immediately over the abscess. Accordingly, poulticing was kept up over this region for some days, and the presence of Dr. Logan was again requested to deliberate upon the proper mode of proceeding.

November 9. We met according to appointment, but greatly to our relief found that the purulent collection had passed out during the night at the original opening, so that no further incision was requisite. After poulticing over the entire surface, extending from the region of the lowest rib to the sacro-iliac junction, a compress was kept bound firmly over this space for some days, and subsequently the collodion, iodine, and camphor coating was kept constantly over this region, thus obliterating the cavity of the abscess by the agglutination of its walls.

November 12. The tendency to hectic passed away with the free evacuation of the pus, and the chief indication being to restore the strength, the patient was allowed the most nutritious food, with brown stout, and was directed to take the following tonic:

R. Muriated tincture of iron, 1 ounce.  
Tincture of nux vomica, 1 drachm.

Mix, and take twenty drops with a little sweetened water every three hours.

The  $\frac{1}{2}$ -grain dose of morphine was only continued for a few nights.

November 16. Having dispensed with the use of morphine entirely, the French coca wine of Marini, prepared by Dr. J. L. Pemberton, of this city, was directed to be taken every three or four hours each day, in connection with the tincture of iron and nux vomica, and with decided good effect.

He progressed rapidly to convalescence, and at the close of the month of November was able to be about the room, and was gaining flesh as well as strength; so that early in December he left the city. A letter was received from him about the middle of the last-named month, reporting favorably in every respect, thus giving assurance of the complete cure of a well-developed case of psoas abscess within two months.

While the general treatment detailed was certainly advantageous in correcting the secretions and in supporting the powers of the organism under the exhaustive drain from the purulent collection, yet much of the good result is attributable to the local measures, in the prompt evacuation of the abscess, and the use of compression and counter-irritation for the obliteration of the cavity, developed first in the lower or anterior portion of the sheath of the psoas muscle, and afterwards in the posterior or upper portion, approximating the lumbar vertebra.

Under the conviction that this happy issue of my medical and surgical management in an aggravated complication of constitutional and local disorders, culminating in psoas abscess, may be worthy consideration by those having to treat similar cases, these clinical notes are submitted to the careful attention of my colleagues.

#### THE INCANDESCENT ELECTRIC LIGHT FOR THE EXAMINATION OF THE THROAT, NOSE, EYE, AND EAR; AN ELECTRIC OPHTHALMOSCOPE.

BY LOUIS J. LAUTENBACH, M. D.,  
Of Philadelphia.

My experience with various kinds of lights has been derived from the examination of the throat,

nose, eye, and ear; as applied to other portions of the human body, I will not pretend to speak. In the present paper, I desire to call attention to the advantages of the incandescent electric lamp in the exploration of the parts before mentioned, but particularly in examination of the eye-ground.

Since the employment of the reflecting mirror, the illumination of the various parts of the human body, by means of artificial light, has been continually under discussion. As sources of light, the wax-candle, the oil-lamp, the gas-burner, the lime and electric light, have each been used. These lights have been modified in numerous ways to obtain the maximum brilliancy, the least yellowness, and to concentrate the light. The first was obtained by consuming a larger amount of material by means of an increase in the surface of the burners, and by increasing the thoroughness of combustion. As a result, we have the Argand burner, the Siemens' lamp, the student lamp, and other round and broad burners. To overcome the yellowness of the rays, slips of blue-glass have been interposed between the source of light and the reflecting mirror. To concentrate the light, convex lenses have been employed, being placed so as to intercept the light falling on the reflecting mirror; as illustrations, we have the Mackenzie concentrator and the Tobold lamp.

The lamps devised, in which it has been sought to incorporate one or more of these advantages, have been quite numerous; one is particularly struck by the number which have been designed for ear examinations. The Argand burner, the student lamp, the Tobold lamp, with, perhaps, one or two others, are about all which have been saved from the general wreck; of course, the lime and electric lamps are not here considered, both being but in their infancy; the Siemens' light is also passed by, because, so far as I know, the manufacturers have no intention of making them sufficiently small to allow of their introduction into private houses.

It is well known that there are two kinds of electric light—the arc light and the incandescent light. The arc light is occasioned by the combustion usually of carbon at the positive pole and the carrying to the negative pole of unconsumed, but intensely-heated particles of carbon. The light is of great intensity, and is, in consequence, of a violet-white color; it is, however, unsteady, having a strong propensity to vary in brilliancy, even sometimes to the point of absolute extinction. The most important objection, however, is the intense heat occasioned;

it is mainly because of this fact that it is unsuitable for medical examinations; the intensity and unsteadiness being, however, also factors in precluding its use.

Believing that it will be impossible, for the present at least, to use the arc-light successfully for the examinations of special organs, I will not bestow more attention upon it, and will, therefore, use the terms electric light and incandescent light synonymously.

In the incandescent lamp there is no combustion, the carbon filament, within as absolute a vacuum as is possible at the present day, becomes incandescent by reason of the resistance it offers to the passage of a current of electricity.

#### HISTORY OF THE INCANDESCENT LIGHT AS APPLIED TO THE SPECIAL ORGANS UNDER DISCUSSION.

So far as I have been able to discover, Bruck,\* a dentist of Breslau, was the first to construct and use an incandescent lamp for the examination of human structures. His instrument was known as the diaphanoscope. It consisted of a coil of platinum wire placed in a glass tube surrounded by a column of water. This was followed by Gustave Trouvé's† polyscope, which was exhibited at Baden-Baden in 1879. This consisted of an unprotected platinum wire placed in front of a concave mirror. The objection to its use was its heat, which sometimes was sufficiently great to fuse the platinum. This was followed by Dr. Nitze's‡ instruments for the examination of the urethra, larynx, etc. Shortly after this, Dr. A. Wellington Adams§ published an account of an electric laryngoscope, which consisted of the ordinary laryngeal mirror, on the handle of which was a concave mirror, in front of which was placed a spiral tube containing a platinum wire in a carbonic acid vacuum. This wire was rendered incandescent by means of a Ruhmkorff coil. He used this instrument for the larynx and posterior nares. He promised that the description of an electric otoscope, which he proposed exhibiting before the Colorado State Medical Society, May 19, 1880, would appear in the September number of *The Colorado State Medical Journal* and *Rocky Mountain Medical Review*, but I have not been able to find any reference to this article.

About this time, Josef Leiter§ constructed in-

\* Chambers' Jour., vol. 53, 1881, p. 314.

† Popular Science Monthly, vol. xvii., 1880, p. 110; also *Annals of Anatomy and Surgery*, vol. vii., 1883, p. 128.

‡ *Annals of Anatomy and Surgery*, vol. vii., p. 127.

§ *Archives of Laryngology*, 1880, vol. i., p. 368; also, *New York Medical Gazette*, 1880, p. 324.

‡ Beschreibung einer instrumente und apparate zur direk-



struments for the examination of the various organs. He made use of the light derived from an incandescent platinum wire; this was usually placed behind a window or ledge, to prevent contact with the structures under examination. The instrument was cooled by the circulation of water. It, however, was necessarily bulky, and was either too warm, or else the light was so dim that nothing could be seen.

A year or two later, Carl Seiler\* began to use the reflected rays of the Edison incandescent light, which he must have considered of value, as he writes: "I have no doubt that in the near future, when electric lighting will have been adopted universally, as gas is now, electric-lamps for the laryngoscope will supplant all other sources of light, with the exception of sunlight."

On the 16th of April, 1883, the instrument of Dr. Paul Helot and G. Trouvé was presented to the French Academy.† The description was published shortly thereafter.‡ The instrument was known as the frontal electric photophore. It consisted of a metal cylinder attached to the ordinary head-band. Within the cylinder is a small incandescent lamp; back of the lamp is a concave reflector; anterior to it is a strong convex lens to concentrate the light. This instrument has been successfully employed by Dr. E. C. Baber|| for the examination of the throat, nose, and ear. About this time, Simanovski§ published a description of an electric laryngoscope, but as yet I have not been able to obtain a description of the instrument.

Dr. Carl Seiler¶ exhibited his electric laryngoscope before the Pennsylvania State Medical Society, May 16, 1884. It consists of the ordinary concave head mirror, with a bar attached to its lower edge. The incandescent lamp is placed on this bar; between the lamp and the mirror is placed a strong convex lens, while between the lamp and the patient there is a mica shield. Dr. S. S. Cohen\*\* advises the use of the incandescent light in connection with the Mackenzie condenser.

ten Beleuchtung menschlicher Körperhöhlen durch elektrisches Glühlicht, Wien 1880; also, *Annals of Anatomy and Surgery*, vol. vii., 1883, p. 129.

\* *Diseases of the Throat and Nose*, 2d edition, Philadelphia, 1883, p. 22.

† *Proceedings of the French Academy*, Paris, 1883, vol. i., p. 1164.

‡ *La Nature*, Paris, 1883, vol. i., p. 416.

§ *British Medical Journal*, 1883, vol. ii., p. 916.

|| *Ejened. Klin. Gaz.*, St. Petersburg, vol. iii., 1883, p. 473.

¶ *Transactions Medical Society of Pennsylvania*, vol. xvi., 1884, p. 349.

\*\* *Medical News*, Philadelphia, vol. xlv., 1884, p. 81.

Dr. Laurence Turnbull\* exhibited the laryngoscope of Dr. Starr† before the Philadelphia County Medical Society, October 22, 1884. It consists of an incandescent lamp, placed in a hollow cylinder of rubber, to the end of which cylinder the laryngeal mirror is attached. It is the object of this instrument to illuminate the parts under examination by means of direct rays of light. A very important measure incorporated in this instrument is a method of regulating the current, and thus regulating the illumination.

The objection to all instruments employing an incandescent platinum wire is that to obtain sufficient light the heat generated is so great as to fuse the wire. In Bruck's instrument its size debarred its employment except for oral examination; Nitze's instruments were too large for practical use; in Leiter's instruments, the two essential water-pipes made them too bulky; in Adams' laryngoscope the light was apparently too poor. Trouvé's frontal photophore is a very servicable instrument. Dr. Seiler's instrument is practically but the photophore placed in front of the head mirror; its disadvantage is its weight. The disadvantages of the Starr instrument are the slight heat occasioned and the fact that the eye is not thoroughly protected from the light.

Up to the present time, the incandescent light has apparently not been employed for the examination of the eye. Dr. Seiler,‡ speaking of his electric laryngoscope, writes that "it may be used for the examination of the eye," but does not appear to have so employed it. I have been using the electric light for this purpose for a period of more than five months.

#### AN ELECTRIC OPHTHALMOSCOPE.

As will be indicated later on, I have employed the incandescent lamp in the ordinary situation of the gas stand, also within a Tobold condenser, as well as attached directly to the ophthalmoscope, employing the light with plane and concave mirrors, the latter of from three to fifteen inches focal distance. The method which has been of the most service where small lights only could be employed, was that adopted in the instrument here figured. Fig. 1 is  $\frac{3}{4}$  natural size, Fig. 2 being the exact size of the lamp.

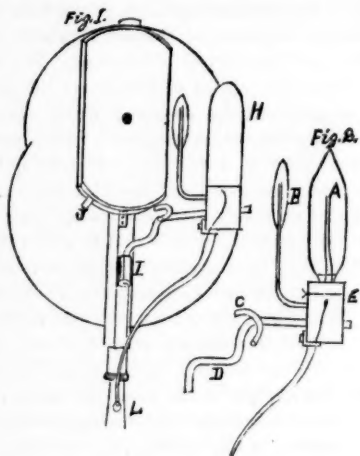
It consists of an ordinary Hunter's Loring swinging mirror ophthalmoscope, to which is sol-

\* *Proceedings Philadelphia County Medical Society*, vol. vii., p. 56; also, *Polyclinic*, Philadelphia, vol. ii., 1884, p. 77.

† *Electrical Review*, London, vol. xv., 1884, p. 424; also, *Scientific American*, October, 1884.

‡ *Transactions Pennsylvania State Medical Society*, vol. xvi., 1884, p. 351.

dered the slot I, fitting into this slot is the arm D, which carries upon it a hard rubber cylinder,



E, which can be slid down closer to the mirror if desirable; this rubber cylinder carries upon its upper extremity the incandescent lamp A, over which is fitted the asbestos (non-conductor of heat) cap H, between which and the posterior surface of the lamp is the reflector. Fitting into the rubber base, E, is a wire carrying the biconvex lens B of  $\frac{3}{4}$  inch focus. The lens can be approached to the light at will. It should, however, be placed at about half an inch from the filament. On the bar D is a cross-bar C, the ends of which strike against the projections of the swinging mirror J. This bar is of such length on either side as to place the lamp at an angle of  $60^\circ$ , with the general plane of the mirror: by this device, the swinging mirror is placed in position for one or the other eye, by adjusting the lamp for the same eye. The wires are carried from the hard-rubber piece either down to an opening L, entering a hollow fixed handle, or to a ring which slides easily about the lower end of the handle: this latter device allows of the ready detachment of the handle. Two asbestos caps are employed: in one the light makes its exit through a small round opening; in the other, which is only used occasionally, the opening is a vertical slit. The convex lens concentrates the light and renders it almost parallel. I have employed the plane reflecting surface in connection with this lamp, but have not found it as satisfactory. A concave reflector with a focal distance of three inches, I used without benefit. If the amount of light obtained in the eye is more than the ob-

server desires, it is only necessary to revolve the lens B out of the field of light.

\* \* \* \* \*

This light will prove of advantage in the examination of the dark completed; whenever there is a small pupil; of myopics—in all of these cases giving us better illumination than we can obtain by other means. It will be of service in atrophic nerve cases, but its advantages are particularly marked in slight retinal inflammations, and for the study of the retinal circulation. Because of its intensity, it will allow us to make more thorough ophthalmoscopic examinations in cases of corneal, lens and vitreous opacities.

(To be continued.)

## HOSPITAL REPORTS.

### NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER, M. D.

Reported by W. H. SEELYE, A. M., M. D.

#### Transverse Myelitis.

This is the patient you saw the other day with a myelitis, (see page 268), and at that time there was loss of sensibility in all the parts below a line drawn across the abdomen, at the level of the umbilicus. This line of anæsthesia has not changed much since, but it appears to have risen a little higher. You observe that the place where a mustard plaster had been applied upon the abdomen, and the skin had peeled off, has healed over and new skin formed. There seems to be some tendency to sloughing, however, over the tuber ischii as the result of blistering with mustard, and it is not healing very well. But there is not any evidence of deep sloughing. The water still has to be drawn with a catheter twice a day, and the bowels move involuntarily. This combination of symptoms is not infrequently seen, namely a retention of urine with loss of power over the sphincter ani.

This man has had a pretty high temperature since you saw him. It is as high as  $104.4^\circ$  to-day, and most of the time it has ranged above  $104^\circ$ . Yesterday morning it was  $100.4^\circ$ , but it rose again in the evening. His breathing is now pretty rapid, and his face is flushed, and his hands are cold, and his expectoration is bloody, and the blood is in streaks, and it evidently comes from the lungs. The condition of the face and hands seems to indicate that the rapidity of the respirations is due to the presence of some pulmonary congestion. The other day I told you that the case might prove to be one of polio-myelitis of the anterior horns of gray matter, and not a myelitis affecting the whole cord; and I then told you that in polio-myelitis confined to the anterior horns, there is sometimes as much disturbance at the beginning as there was here. But the disturbances of sensation and the vesicle spasm disappear after a few days, leaving a loss of power only in the affected muscles, which is more or less complete. But here the loss of power

in the lower extremities continues obstinately, and the muscles give no response to the faradaic current, and the vesical and rectal paralysis continues, and the disturbance of sensation seems to be spreading, and there is pulmonary congestion which may be due to a diminished power in the respiratory muscles; and so I now think that we have to deal here with a transverse ascending myelitis. There are signs also of a condensation, but not very marked, at the lower portion of the lungs posteriorly. This probably depends upon hypostatic congestion, rather than upon muscular weakness and diminished respiratory action.

#### Convulsions.

The man whom you saw last Thursday in convulsions, went out of the hospital yesterday. He had, on the evening of that day, two or three convulsions, which were very violent. But after that he made a good recovery. Very little information could be gotten from the man; he was a tramp. But he said that he had not had any such attacks before, and that the attack in which you saw him had been preceded by some indulgence. He went out in the morning, and remembered nothing after that. Now this abolition of memory in attacks of epilepsy is a very striking feature; though not an absolutely constant one; for in some instances the patient is shut off by an attack in the midst of some special utterance, and then after the seizure has passed off he resumes the sentence at the point where he was interrupted as if nothing had happened. But this is not very common. After a grand attack the memory is usually obliterated for preceding events which happened some hours before. Such was the case with this man, who was brought into the hospital about 2 o'clock p. m., and whether he was drunk or not previously is not known; but I am inclined to think that these convulsions were alcoholic in nature.

About a year ago a man came in here who had taken a large dose of chloral, and in twenty-four hours after his admission he had a number of convulsions quite as severe as those you saw in this man, and they lasted several hours, and were most violent in character. He was bled with no advantage, and he finally died. The post-mortem inspection showed no lesion within the brain, however. And had this man succumbed, probably his brain would have shown no lesion.

We frequently have here such cases of epilepsy as the result of alcoholism, but that was a case of special interest because it illustrated the difficulties which sometimes stare you in the face when you have to determine immediately the cause of an epileptic attack. In this case we fully excluded true epilepsy and apoplexy; and while the absence of albumen from the urine does not necessarily exclude uræmia, yet it seems that here the convulsions were not uræmic. So by a process of exclusion we are brought down to blood-poisoning, from something absorbed in the circulation as a cause; such as chloral poisoning in the former case, but alcoholism here.

—Spurious cubebæ have recently been offered in the London market. They consist of the fruit of *Daphnidium cubeba*, which closely resembles cubebæ in general appearance.

## MEDICAL SOCIETIES.

### OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, February 5, 1885. The president, B. F. Baer, M. D., in the chair.

#### Cervical Pregnancy.

Dr. E. E. Montgomery read a paper in which he recounted the history of a case seen by him in consultation with Dr. Alexander. The patient had been pregnant eight times; the last labor had been terminated by forceps. The present pregnancy had lasted three months when she was taken with severe pain and quite profuse hemorrhage. An examination under ether disclosed that the cervix was distended forming a globular tumor. The os, turned backward, was filled up with a tense membrane; breaking through it, the cervix was found to be a large cavity in which was the fetus and its envelopes. The body of the uterus appeared like an excrescence upon the distended cervix; it would admit a finger and was lined by a decidua. The membrane below was continuous with the outer mucous membrane of the cervix, so that the remains of it hung as a fringe from the os.

This case differed from the few cases of this condition described, in that there was no contraction of the os; in the majority of cases it occurs in primiparæ and when discovered it was necessary to proceed to artificial measures to make an opening.

Dr. Goodell remarked that he had no knowledge of cervical pregnancy. One case which had been sent to him as such was epithelial cancer of the cervix. How could such a case be diagnosed without a post-mortem examination? Dr. Montgomery's hypothesis of an arrested abortion is probably the correct solution of such a case as he has described. The fetus might be forced out of the body of the uterus and arrested in the cervix by an unyielding os or by cicatricial bands. Some years ago, a physician of this city who had a large obstetrical practice, borrowed his ecraseur for the removal of a supposed uterine polypus, which proved to be a fetus in its amniotic sac. Dr. Goodell had never been able to understand how an experienced man could make such a mistake, but the description of this case of cervical pregnancy has thrown light upon the matter. Dr. Montgomery's description of the distended cervix would apply very well to uterine polypus with a long pedicle, and a mistake in diagnosis might easily be made.

Dr. Montgomery questions the primary occurrence of cervical pregnancy. He believes the fetus has originally taken its seat in the body of the uterus, and has been forced into its lower position later; but it might be primary, the internal os being patulous, the same conditions that sometimes cause placenta prævia might cause the entire fecundated ovum to be arrested in the cervix.

#### Ruptured Uterus.

Dr. B. F. Baer presented the specimens and related the history. Mrs. F., colored, 32 years of age, married ten years, had borne four children at term, and had one miscarriage. The first child

was forceps-delivered and was still-born. November 14, 1884, she was taken in labor. A midwife was in attendance, who pronounced everything correct. After a few hours of severe pains, the patient "felt something break in the womb" and labor ceased, but was replaced with sharp pains all over the abdomen. Blood escaped in great quantity from the vagina. Collapse ensued, and she was thought to be dead; a slow reaction occurred, and her attendants waited for labor to begin again. Dr. Fisher was called to see her ten days after the accident. He found her abdomen tender and tympanitic, a mass like the head of a fetus in the right hypochondriac region. The pelvis was empty. Temperature 103°, pulse 108 and small. Rupture of the uterus, and escape of the fetus into the abdominal cavity, was diagnosed. Dr. Baer was called in and confirmed the diagnosis. The patient refused operative assistance, and preferred to die in peace, but five days later asked to be relieved. Preparations were made for laparotomy. An examination per vaginam revealed a gangrenous pus escaping freely, and the placenta loose and hanging from the vagina. The hand passed readily through the os uteri and through a tear in the right wall of the cervix into the abdominal cavity, and came upon the trunk of the child. The latter was extracted through the vagina by version by the feet; it was putrid. The parts were well irrigated with carbolized water, and the hand, again introduced, entered an adventitious sac, and nowhere came in contact with intestines or other viscera. The uterus was well contracted and quite small. The uterus and sac were washed out with carbolized water until it returned pure. The patient died of septicæmia ten days after the removal of the fetus. Dr. Baer is in full accord with the principles advanced by Dr. R. P. Harris in his paper, entitled "If a woman has ruptured her uterus during labor, what should be done to save her life?"—*American Journal of Obstetrics*, Oct., 1880, p. 809, in which he advises that the abdomen should be opened and the peritoneal cavity thoroughly cleansed. In this case, however, nature had protected herself by forming an adventitious cavity, and there could be no reason to open the abdomen to clean this out, as it could be reached from below more directly and without injury to the soft parts.

Dr. Henry M. Fisher: In Germany a distinction is made between lymphatic septicæmia and phlebotic septicæmia. In the first form the poison is absorbed by the lymphatics, and inflammation of serous surfaces with exudation is the consequence. In the phlebotic form, numerous emboli are formed and hectic fever and local pus formations, the result of these emboli, are found. At the autopsy, in this case, pleural and pericardial effusion was found. It will be remembered that peritonitis occurred very soon after the rupture.

Dr. Goodell remarked that he had come intending to criticize Dr. Baer's treatment of this case for not resorting to laparotomy, but he found himself agreeing with both Dr. Harris and Dr. Baer. In recent cases laparotomy should always be performed, but in fifteen days an adventitious sac had been formed, and the dangers to the patient would have been increased by operation. He had seen two cases of rupture of the uterus, both of

them occurred in the practice of a physician who never used obstetric forceps, and had to send four miles for a consultant. In the first case peritonitis rapidly supervened, the abdomen became very much enlarged, and the fetus could not be located by palpation. The abdomen was not opened. After long groping, the fetus was found close under the diaphragm. He had great difficulty in extracting it, as the loops of intestines became entangled between its legs; the placenta was also found in the abdomen. In the other case, the body of the fetus had escaped into the abdomen, but the head was still in the uterine cavity; it was delivered by forceps. Both patients died. In both cases it would have been far better to have opened the abdomen. *American Journal of Obstetrics*, vol. x., 1877, p. 478.

Dr. Harris is in accord with Drs. Goodell and Baer as to the proper treatment of the case reported. It was too late to do anything when the physician was called. The general opinion is coming around to coincide with his way of thinking concerning the propriety of laparotomy in all cases as soon as reaction from the shock of rupture and hemorrhage has been established. Of the cases reported, after such treatment, 50 per cent. have recovered. One woman has been reported as having ruptured her uterus in four successive labors, with delivery per vaginam and without laparotomy, and she survived it all; but such a case is phenomenal. Three cases in Europe have been treated by removal of the uterus as in the Porro operation: they all died. There seemed to be no reason for such a method. In most cases the split extends through the cervix, and thus free drainage from the abdominal cavity is secured. One reason for closing the cervical rent by sutures is to avoid the danger of cancerous growths to which that lesion is supposed to give rise.

Dr. Longaker remarked that many of these cases died from the profound shock and hemorrhage immediately following the accident. Two cases in his experience had died within two hours, one of them undelivered.

Dr. Baer was glad to hear Dr. Harris make the distinction as to the propriety of laparotomy in his case, where the patient was not seen until fifteen days after the accident and was suffering from septicæmia. He had intended to perform laparotomy, and was prepared for it; but when he found the newly-developed sac he changed his plan, as he thought nothing could be gained by it.

#### Ovarian Cysts.

Dr. Baer exhibited two ovarian cysts. Mrs. B., widow, entered my private hospital, December 18, 1884. She commenced eight months before to suffer from frequent calls for micturition with severe scalding pains, symptoms apparently of cystitis and urethritis. The uterus and ovaries were in good position and seemed normal, but two weeks later there was a burning pain in both ovarian regions with a perceptible bulging largest on the right side. The menses had ceased, and the doctor in attendance suspected pregnancy, but exposure was denied at that time. The abdomen enlarged rapidly, and the patient finally acknowledged the possibility of pregnancy, and



thought she felt movements of the fetus. At seven months, uterine hemorrhages commenced and continued every day; the mammae were atrophied; there were no signs of the presence of a fetus; there was some fluctuation; the sound was passed, and the uterus was found empty and not enlarged; the face was wasted, and had an anxious expression, and the pulse was quick. A diagnosis of ovarian cyst was now made. A deep diagonal sulcus could be made out in the abdominal tumor, the largest portion being on the right side; the tumor was smooth-surfaced and without nodules. The cervix was soft, patulous, high up, and drawn to the left. When the tumor was moved the uterus moved with it, as shown by the handle of the sound. Immediate operation was advised and performed. Incision, three and one-fourth inches. Two large tumors were revealed; both were tapped; the left, which was free from adhesions, was withdrawn without difficulty, its pedicle transfixed, ligated, and dropped. The larger tumor, although free from abdominal adhesions, could not be drawn out, and it was found to be very tightly adherent to the uterus, which seemed to be one mass with it. As the fluid drawn from this tumor was clear, it is not improbable that it was a cyst of the broad ligament. It became necessary to enucleate the cyst, and a long, gaping wound was left in the broad ligament; this was transfixed and tied as a pedicle, but after the final division had been made, the ligature slipped and the hemorrhage was immense; ten hemostatic forceps were applied temporarily, and the bleeding points were firmly secured. The wound of the broad ligament was closed by ten interrupted sutures. The operation lasted two and a half hours; the patient collapsed, and he feared she would die on the table; but she reacted and recovery was uninterrupted; the patient sat up in two weeks. An incident, which occurred on the fourth day, shows the necessity of the proximity of a physician or thoughtful nurse. A scream from the patient—an announcement of a sudden pain on the right side—the patient said something seemed pulling inside of her; Dr. Baer was near and was called; he feared internal hemorrhage, but at once inquired how long it had been since she had passed water—four hours; the catheter was immediately used, and complete relief was secured. After this the catheter was not required until the tenth day; but from the tenth to the twentieth day there was entire inability to pass water, except by assistance of the catheter. She went home on the twenty-third day.

The points of special interest in this case are:

1. The patient being entirely well, symptoms of gonorrhœa presented themselves, and were followed by

2. Amenorrhœa for seven months, followed by
3. Daily hemorrhages for one and a half months.
4. Ovaritis and large tumors forming in eight and a half months from the initial symptoms.

Dr. Beates: A young lady was obliged to separate from her husband one month after marriage, in consequence of domestic trouble; her menses continued regular, but her abdomen enlarged as rapidly as if she were pregnant, her health failed, and at the expiration of nine months an ovarian tumor was removed; recovery was complete and rapid.

In another case he found numerous omental and enteric adhesions which were easily separated, but pelvic adhesions required enucleation of the cyst, which left a large V-shaped wound in the broad ligament, as described by Dr. Baer. Hemorrhage was very free; in trying to dissect off the tumor from the fundus of the uterus, that organ was badly wounded, the cavity was opened, and required to be closed by sutures. Great sympathy followed this operation, and breathing became almost impossible; the patient recovered.

#### Calculi in the Female.

Dr. J. W. Snowden exhibited the stones and related the history of the case. He was called June 1, 1884, to see Mrs. L., aged 23 years. She was born and has resided in a limestone region in New York. Up to thirteen years of age she was troubled with enuresis; wetting the bed almost nightly. After this she ceased passing her urine during sleep, but was obliged to rise for this purpose two or three times during the night. She could not retain her urine night or day after the desire to pass it came on. If she could not reach a convenient place, she would wet her clothes.

She married when seventeen years old. Two months after marriage she began to have cystic irritation, and soon passed sabulous matter and small calculi. These symptoms continuously increased. Physicians whom she consulted said she had catarrh of the bladder, but none made an examination for stone. Once she was obliged to call on a medical man to remove a calculus which had become impacted in the urethra.

Two years ago she spent a summer in New Jersey, during which time she passed no gravel, but the irritation of the bladder continued. When I first saw her she was urinating very frequently, with more or less pain. She passed stones daily, with a great deal of sabulous matter. The urine looked as if there was a quantity of ordinary sand in the bottom of the vessel. I proposed an examination for stone, which she refused peremptorily. I gave her benzoic acid, which entirely stopped the passage of the sabulous matter, and relieved her in every way; but she still occasionally passed a small calculus. This marked relief lasted two or three months, when the irritation of the bladder became worse than ever. She could only pass her urine in the erect position, and with as much effort as a woman in labor. I insisted upon an examination for stone, but the slightest touch excited such pain, even when she was well etherized, that being alone I could not manage her, and I sent for Dr. B. F. Baer in consultation.

A calculus measuring about one and a half inches in its largest diameter was found in the bladder, and removed by Dr. Baer after rapid dilatation of the urethra. This afforded marked relief, and she soon seemed entirely cured; but in a short time her urine began to dribble continually while she was in the recumbent position at night. During the day she retained and passed her urine naturally. I advised her to get up at stated intervals and empty her bladder, which has gradually relieved this trouble. She is now quite well, except that she urinates rather more frequently than is natural.

## PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated meeting January 26, 1885. The president, Dr. S. Weir Mitchell, M. D., in the chair.

Dr. H. C. Wood presented to the Society

**The Feet of an Ataxic Patient Illustrating Charcot's Joints.**

The specimens were from the Mütter Museum of the College of Physicians, the feet of an ataxic patient that had been under his care at the University hospital. He expressed the opinion that there was a close relation between this disease of the bones in ataxic cases and syphilis.

A paper was read by invitation, on

**The Spinal Arthropathies.**

A clinical report of six cases of Charcot's joints, by A. Sidney Roberts, M. D., surgeon to the Philadelphia Hospital, instructor in orthopaedic surgery in the medical department of the University of Pennsylvania.

Case 1. M. K., male, *set.* 41, referred to the New York Orthopaedic Dispensary from St. Luke's Hospital on May 5, 1879. Hereditary history unusually good. He is a moderate drinker. Health excellent until manifestation of present joint trouble. Married, and the father of five healthy children.

Condition on date of entry: A large nodular tumor was found over the left hip-joint, oval in shape, the long axis of which corresponds with line of Poupert's ligament. Transverse diameter of normal limb over hip-joint, 22 inches; of affected limb at same point, 30½ inches. No muscular atrophy detected by measurements of circumference. Left limb 1½ inches shorter than its fellow; measurements made from the umbilicus. External iliac fossa of left side filled with osteophytes, which add to bulk of tumor. The ligamentous structures about the joint seem entirely destroyed; motion of limb abnormally free in all directions. Head of femur probably absorbed or greatly atrophied. Limb abducted and rotated outward. What appears as the head of the femur is anterior to its normal position, lying under a "shed" of bone, built out from the pelvis, which covers its atrophied extremity like an umbrella. When the patient flexes the limb, the upper extremity of the femur glides forward until it catches under this shed of provisional bone, which, acting as a fulcrum, allows the patient to flex and rotate the limb with ease.

A thorough examination of the patient for evidence of a central lesion, revealed the absence of numbness of limbs, of pain, or of constricting bands; sensation slightly impaired on left side. On right side, reflex action increased on titillation of soles; none on left. No tendon reflex in either limb. Sways with "closed eyes test."

Condition eighteen months later: The patient presented all the marked symptoms of locomotor ataxia. Two years from date, upon which the above notes were recorded (May 5, 1879), he is confined to bed, with complete loss of muscular coördination.

*Remarks.*—The case exhibits an arthropathy existing four and a half years prior to the development of active tabetic symptoms, and shows a tendency, from early stages, to the formation of osteophytes about the joint, with early atrophy of the upper epiphysis of the femur.

At no time during the progress of the lesion were there developed reflex neural symptoms that would point to joint inflammation.

The joint lesion (swelling and tumefaction) diminished as the active symptoms of ataxia advanced. Provisional callus was thrown out about the atrophied extremity of the femur as a substitute for the destroyed acetabulum.

Case 2. Male, *set.* 44. Registered as an outpatient in the New York Orthopaedic Dispensary on January 29, 1879. The following notes were recorded:

*Hereditary History.*—Parents living and healthy; one brother died of phthisis. Patient is married; has three children, two in excellent health, the third has an intra-pelvic abscess. (Subsequently died of amyloid degeneration of the kidneys.) Patient has had to work very hard, with considerable mental anxiety; no other known cause for present disease.

The left knee and ankle are enlarged, the latter more so relatively than the knee. The patient states that seven years ago, while working, a heavy box fell upon him, injuring the ankle. The joint became swollen, and he was "laid up for two months." He recovered, and suffered no inconvenience for one year; the swelling again returned in the same ankle and involved the entire leg. At this time he was incapacitated from work for three months; he recovered, and has had no active joint symptoms since. Has never had an abscess about the joint.

The urgent symptoms at present examination are those of locomotor ataxia. He cannot walk without staggering, and when attempting to do so in the dark, or with closed eyes, falls. Suffers from ataxic pains in the right leg and arm. Is uncertain in guiding his finger to the tip of his nose, with closed eyes, or in putting his heel on a designated spot. Sensation impaired in right hand and arm; has difficulty in buttoning his coat with that hand. When standing, or walking in his bare feet, he feels as though he were on cushions; vision unimpaired (eye-ground not examined).

On February 4, 1879, Dr. Cloves Adams saw the patient in consultation, and thought him to be suffering from locomotor ataxia in the third stage, with osseous changes in left ankle and synovitis of both knees.

The patient returned to the dispensary in September of the same year, with a marked elastic swelling of the right elbow-joint.

A year later (November, 1880), he was referred to the clinic of Dr. E. C. Seguin. He again applied to the Orthopaedic Dispensary on February 14, 1881. The ataxic symptoms had advanced; he walked with extreme difficulty. The condition of the joints remained about the same as when last examined, now four months ago.

During November (1881) the patient was critically examined by Dr. S. Weir Mitchell, and pronounced to be in the third stage of locomotor ataxia, with spinal arthropathies of the right elbow and left ankle-joints. It was noted that the circumference of the elbow tumor had materially diminished since the last measurements were recorded (decrease of two and a half inches).

*Remarks.*—The joint enlargements in this patient presented three characteristic peripheral ataxic conditions:

1st. At the knee-joint synovial irritation, indicated by the physical signs of a chronic synovitis; although at no time during its course was there evidence of inflammation.

2d. A characteristic doughy, nodular ataxic joint tumor of the elbow, largely composed of osteophytes and excessive synovial secretion.

3d. Hypertrophy of the lower epiphysis of the tibia and fibula, with but slight synovial irritation.

The peripheral manifestations at the knee and ankle, accompanied the earlier symptoms of ataxia; the elbow tumor entered abruptly upon the second stage of the sclerosis. I am indebted to my friend Dr. Newton M. Shaffer, of New York, for the privilege of reporting the above notes.

Case 3. J. H., male, *æt.* 45; was admitted to my ward in the Philadelphia Hospital on April 3, 1883. The following notes were recorded: A vigorous, well-nourished man, with little personal knowledge of his family or their history. Knew his parents lived to advanced age, but thought both of his brothers had died, and likewise two sisters, when young. Acknowledged to being strongly addicted to the use of alcohol. He thought his present trouble arose from a "dissipated life and constitutional syphilis."

Two years ago, after a debauch, his attention was directed to painful swelling of his right great toe. This lasted a few days, and as the pain and swelling of the toe subsided, the right ankle-joint enlarged. This swelling slowly and painlessly increased, and three months from its onset, the same condition appeared in the left ankle-joint. Without especial discomfort to the patient, this joint enlarged. He continued drinking to excess, and was admitted to the hospital in a state of chronic alcoholism.

An examination two weeks after admission, when all traces of alcoholism had subsided, gave evidence by the following facts of a central lesion:

He had suffered from constricting pains about the abdomen, and occasional darting pain in the region of the hips and thighs, for the past year. He also experiences considerable difficulty in walking, especially at night. At present, he has a staggering gait. Absence of patellar reflex in both limbs: sways and falls with "closed eyes test," and has difficulty in finding tip of nose with forefinger when eyes are closed.

The metatarso-phalangeal articulation of the right great toe is ankylosed. Both ankle-joints are enlarged apparently by a diffuse hypertrophy of the epiphyses of tibia and fibula. This increase has almost doubled their normal circumference. The subcutaneous tissues are slightly *œdematous*. The capsules of ankle-joints are distended and elastic.

When first admitted, the tissues about the ankles and legs were swollen, presenting the appearance of diffuse cellulitis. This subsided in a few days from rest and local treatment.

My colleague, Dr. C. K. Mills, saw the patient with me in consultation, and confirmed the diagnosis I had made—of posterior spinal sclerosis, with accompanying arthropathies at ankle-joints.

*Remarks.*—The joint hypertrophy had preceded any active symptoms of ataxia. The character of the joint enlargement was that of bony hypertrophy, without a tendency to the formation of osteophytes or to a nodular irregularity of contour. The possibility of rheumatism or malignant disease was considered and dismissed. A thorough physical examination failed to detect any of the characteristic reflex neural symptoms of an epiphyseal osteitis.

The history of the progress and course of the ankle-joint hypertrophy, together with the evidence of a central lesion and the negative physical signs of local joint inflammation, all confirmed the diagnosis of an arthropathy of spinal origin.

(To be continued.)

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### A Case of Cholera, Illustrating the Successful Effect of Precautionary Measures in Preventing the Spread of the Disease.

Dr. C. David, of Geneva, thus writes in the *Brit. Med. Jour.*, Jan'y 31, 1885: Mrs. X., 30 years of age, very much affected by her coachman's sudden death from cholera, left Marseilles on July 25th last, with all her family, in order to escape from the epidemic. She had been troubled with some slight diarrhœa, and her medical attendant had advised her not to remain at Marseilles.

She arrived at Geneva on July 27th, and proceeded at once, with her husband, to try to find an empty house. Thus she came to Versoix (a village at the lake-side, on the west shore, about five miles from Geneva), exhibiting at the time no external signs of disease. After visiting an empty villa in that place, she took it, and went back to Geneva for the night.

On July 28th, in the afternoon, she returned to Versoix with her family, consisting of eleven persons; and the owner of the villa, finding her looks much altered since the previous day, advised her to send for me.

I saw Mrs. X. half an hour after her arrival. She was still wearing her travelling dress, and had gone upstairs into a bedroom she was destined never to leave. During my visit she had several rice-water evacuations, was seized with vomiting, and complained of abdominal pains and cramps in the legs; temperature of the body  $36.4^{\circ}\text{C}$ .; there was much emaciation; she had a small and rapid pulse. This had every appearance of a case of cholera. As soon as I had quieted the patient with reference to police-measures, with which she was afraid to be troubled, and I had assured her she would not be taken by force to the hospital, she acknowledged she had been ill the whole of the night and previous day: the fear of the police had prevented her, so far, from calling in medical aid.

Drs. Girod and Prevost were called in consultation, but the disease terminated fatally. The diarrhoea and vomiting ceased during the night of the 29th-30th; the temperature rose in succession to 38° and 39° C.; she was unable to overcome her state of emaciation and weakness, and she died on the 30th at 2 p. m. Her intellect had remained unimpaired until the last few hours, when she fell into a state of stupor. There had been no passage of urine since the 27th, in the evening.

This is, to my knowledge, the only untested case which has occurred in Switzerland. It might have become, according to the views generally entertained at present, the origin of an epidemic focus; fortunately this did not happen. The following were the measures adopted by myself and my colleagues to prevent such an occurrence, which, thanks to local circumstances, were easily carried out. The villa, situated between the two villages of Versoix, is limited on one side by the high road from Geneva to Lausanne, and on the opposite side by the lake. It is at a distance of at least twenty-five mètres from any other dwelling, and is screened off from the neighboring houses and high road by a number of trees. In front of it is a meadow, reaching as far as the lake. The place is entirely surrounded by hedges and walls, which enclose it without a break. An avenue through a shrubbery for a distance of 100 mètres leads to the house, and there is a gatekeeper's lodge where the avenue branches off from the high road.

The patient's room was on the first floor, had no access into the other rooms, and communicated with the stair through a narrow passage.

Under such conditions, the precautions to be taken were obvious, and easy to carry out. It was necessary, as far as possible, to protect the members of the family and the servants, and prevent absolutely any contact between the people in the villa and the inhabitants of the village. As soon as the nature of the case had been ascertained, I had all the useless objects and furniture removed from the room; next, at my request, the head of the family selected the persons who would have the care of the patient. These were Mr. X., a male servant, a lady companion, and myself. The others were strictly ordered not to enter the sick-room. The dirty linen found in the lady's trunk was immediately immersed in a solution of two per thousand of corrosive sublimate, and left there for several days. The fecal evacuations and vomited matters were received in vessels containing some of this same solution. They were afterwards transferred to another vessel, where they remained till the evening, when they were buried at a distance of two hundred steps from the house, in the meadow adjoining the lake. A certain amount of five per cent. carbolic acid solution, and two per thousand corrosive sublimate solution, was at the disposal of those persons who were engaged with the patient, and they used them abundantly.

With reference to the intercourse with the village, the inhabitants of the villa were ordered not to go out of the grounds. The tradesmen delivered their goods at the gatekeeper's lodge, who transmitted them to the servants. The dwellers at the lodge were not allowed to enter

the villa, and the tradespeople never passed the lodge.

Nobody but the physicians and a priest went in and out of the villa, and these persons never left without having washed themselves with a solution of corrosive sublimate, and being subjected to powerful chlorine-fumigations from chloride of lime, mixed with sulphuric acid. In order to be absolutely correct, it should be stated that a young girl, with less discipline than wisdom, who had been engaged on the first day by Mr. X., made her escape from the villa during the night to sleep at her mother's, who lived in an isolated house; she returned the next morning, and did not go out again.

A sick-nurse, engaged on the 29th, and the mother and brother of the patient, arrived from Paris on the 30th, and were admitted into the house, after having been warned that they would not be allowed to go out.

Death having taken place on the 30th, at two o'clock, the physician at the head of the sanitary department of the Geneva Government, Dr. Vincent, was informed of the occurrence by telegraph, and ordered the body to be buried at once; this was done at seven o'clock in the evening, allowing barely time to procure a coffin and dig out a pit.

The body, enveloped in the clothes and portions of the bedding which had been in contact with it, was watered with disinfectants, placed in an oak coffin, and carried to the cemetery in a funeral carriage. All the other objects which had been used during the patient's illness—bedding, crockery, curtains, linen—were watered with disinfectants, buried in a second pit, and covered with quicklime. All this was done under direct medical supervision.

After the body had been taken away, the room which the patient had occupied was thoroughly fumigated with chlorine. Moreover, several litres of carbolic acid were thrown into the privies. The next day, Dr. Vincent proceeded to disinfect minutely the furniture with several "siphons" of liquid sulphurous acid, according to Raoul Pictet's process; and, somewhat later, the walls were washed with a five per cent. solution of carbolic acid. All the dirty clothes of the family were immersed for several hours in a bath of carbolic acid before being sent to the wash.

In accordance with an order from Dr. Castella, sent by the Federal Council, the family were not allowed out of the villa until August 9th, or ten days after the lady's death. As by that time no other case of cholera had occurred, either in or outside the house, the inmates were at last set at liberty.

Such were the measures taken to prevent the extension of the disease. I have no more to do than to wish for my brethren cases where precautionary measures are so obvious as to their nature, and so easy to carry out.

Dr. Marcet says: I happened to be staying close to the village of Versoix this summer, when the case, so well managed by Dr. David, took place. This village consists of two rows of houses, with the high road between them. It is a singular fact that Napoleon the 1st had intended to make Versoix into a large town, and had constructed a spacious harbor for it, but his views in this re-



spect were never carried out. The village remains divided into two portions along the lake, which were clearly intended to have been joined, and form the nucleus of the town. It is certainly not a clean village, and there are abundance of smells in the houses and shops; no doubt, the pabulum was there for an epidemic of cholera, if an opportunity offered. It cannot, therefore, be said that external circumstances were unfavorable to the disease spreading; and most probably, but for Dr. David's prompt and energetic measures, the disease would have broken out in the village.

I have a case in point, illustrating the effect of the neglect of precautionary measures towards checking the spread of cholera.

In October, 1866, I happened to be staying near the village of Nirnier, of perhaps five or six hundred inhabitants, situated on the Savoy Coast of the lake of Geneva. One evening I remained some time in conversation with a man I was employing, and who appeared to me then in perfect health. This man, after leaving me, went to sleep at Nirnier. Next morning I was informed that he was very ill, and I went to Nirnier to see him. I found him in a state of collapse, and it was at once clear to me that he had cholera; he died that same day about five o'clock. The story told at the time, and in which I believe, although I cannot find confirmation now, was that the man had eaten supper that same evening in company with a person who had left Marseilles on account of the cholera, and that this person had gone away early the following morning, without leaving any trace of his whereabouts.

I warned the mayor of the village at the time, and tried to convince him of the importance of removing the dunghills in the streets, whitewashing the houses, and using chloride of lime abundantly, but my warning was of no avail. There spread at once a report that the man had died poisoned by an overdose of certain pills he was then taking, and not of cholera. Two or three days later, an epidemic of cholera broke out in the village, and within about three weeks there were eleven fatal cases. The epidemic then suddenly ceased.

I made inquiries last summer at Nirnier, with reference to the cholera of 1866. Many have a very distinct recollection of it, and I obtained minute details from some women, such as the names of those who had died. The history of the epidemic having been imported from Marseilles is, however, ignored or disbelieved; and, unfortunately, the people who kept the public-house where my man had had supper after leaving me, are either dead or have disappeared. It is believed to this very day at Nirnier that the person stated as suffering from cholera died of poison, and nobody knows, or seems to care to know, how the cholera had been introduced.

#### Notes on the Effects of Very Powerful Electric Currents.

Dr. G. F. De Schweinitz thus writes in the *Therapeutic Gazette*, January 15, 1885:

The following report is intended to briefly place upon record the history and symptoms of two men who were prostrated by excessive charges of electricity, received from the apparatus at present in

vogue for electrical illumination by means of the arc-light. The first case occurred in a man, aged about twenty-four years, who was admitted to Prof. H. C. Wood's wards, in the University Hospital, shortly after the accident, which happened as follows: This workman was walking through one of the departments of a large car manufactory in this city, carrying over his right shoulder a long iron bar, which also rested lightly against the side of his head. The upper end of this implement became entangled in the wires connecting the dynamo with the carbons, thus placing the man within the circuit, when, to the expression of his comrades who witnessed the result, he was felled to the ground "as if struck by lightning." His fellow-workmen hurried to his assistance, found him entirely unconscious, and, having conveyed him to a neighboring room, sent a request for his admission to the hospital. When the reporter of these notes arrived, about a half an hour after the accident, he found the patient perfectly insensible and oblivious to all external impressions, face and skin surface natural, pupil normal and sensitive, pulse full, and rather slow, respirations somewhat labored, rather deep and the rate below normal, being ten or twelve per minute. The coma, pulse, respiration, were not unlike the beginning of the second stage of opium narcosis. No attempt at restoration was immediately made, but he was conveyed to the hospital and taken in charge by Dr. W. W. Jaggard, the then medical interne of that institution. After being sharply shaken and shouted at a few times, he slowly opened his eyes, his face assumed a bewildered expression, and he answered questions in a dazed sort of a manner. His temperature was normal, his pulse, perhaps, a little more rapid; his respiration, when he remained quiet, was slow. He complained of no pain, but only of a certain amount of disability in the motions of the right arm and leg. After drinking a cup of milk he fell into a quiet sleep, from which he did not awake until the following morning, the time being then a little after midnight. In the morning no evil effects from his accident were noted, except some muscular disability of the right side. He asked for his discharge, which was granted, and he passed from observation.

The second case also came under the notice of the reporter, and occurred during August of this summer in the large Bessemer works in a neighboring town. This mill is illuminated with Weston's duplex lamp, the dynamos being of the same make, five dynamos to fifty lights. A description of the accident cannot, perhaps, be more accurately given than in the words of the gentleman who experienced it:

"On a wet, rainy night, in an open shed, I received a slight shock when using one hand, protected by a cotton handkerchief, in adjusting the lamp. I received the final shock in trying to remove the lower carbon, using both hands again, supposed to be insulated by a double wrapping of cotton handkerchief, the one hand holding the carbon, and the other slacking off the adjusting set-screw. Now for my sensations: It seemed to me as if there was an instantaneous bright flash, which may have been due to the sudden change from light to so absolute a darkness that it appeared to have body. The next sensation, after ap-

preciating this inky darkness, was that of trying to tear myself away from something that held a terrible grip upon me. My hands seemed to hold on while my body was trying to get away, every nerve and muscle being strained to its utmost. My next impression was, when I opened my eyes and found I was lying upon my back, perfectly straight, but in exactly the opposite position to the one assumed when I was standing, showing that I had been completely turned around. One carbon was found about ten feet away from my one side, and the socket which holds the lower carbon about the same distance away from my other side. This I had torn out of the lamp. Above me the lamp was swinging violently. The whole time from the moment the current struck me until I picked myself up was less than three minutes."

When seen, this gentleman complained of no evil after-effects, except a great feeling of muscular soreness, produced, no doubt, in part by the number of bruises and brush burns which covered his thigh and back, showing how violently he had been thrown upon the ground.

#### The Treatment of Phthisis.

Dr. F. P. Atkinson thus writes in the *Edinburgh Medical Journal*, February, 1885:

No one, I think, can question the fact, that the treatment of phthisis has undergone a marked change for the better during the last twenty or thirty years. The cause of the disease is now more considered than the symptoms—specific treatment is abandoned—and residence is recommended in those climates which are most likely to increase the appetite, improve the character of the blood, and promote a healthy interchange of tissue.

Even during the continuance of winter, so long as the wind is in the south or west, gentle out-of-door exercise is preferred to confinement in-doors, and in many cases the dry, cold, bracing air of the Engadine to the warm, relaxing air of the Riviera. There can be no doubt that it would be a great advantage were all persons suffering from phthisis able to be treated in the climates most suitable to their particular case; but this, from various causes, is impossible, and we have to see what means we have at command for bringing about that improvement in health which is necessary in order to effect a cure.

First, then, I would say, it appears to me of little or no consequence what form of phthisis we are called upon to treat, and that the following remedies will be found suitable, with slight alteration, to all stages of the disease. Give syrup of the lacto-phosphate of lime and iron 1 drachm (concent.); tincture of *nux vomica* 5 minims; tincture of *calumba* 15 or 20 minims, with a little essence of lemon and water to the ounce, three times a day. A teaspoonful of pancreatic emulsion carefully mixed with water, or a teaspoonful of Lœflund's condensed cream emulsion, or half a pint of koumiss once or twice a day. If the appetite is bad to start with, keep the patient well supported with Brand's essence of beef, or, better still, Valentine's meat juice, and milk; and if stimulant is necessary, give half a sherry glassful of St. Raphael wine twice a day. Paint the

chest morning and evening with tincture of iodine till sore, then omit for a time, and afterwards commence the painting again. If there is much sweating at night, inject a hundredth part of a grain of atropia subcutaneously, or, especially if the cough is very troublesome, give 10 grains of Dover's powder at bedtime. In the commencement of an acute attack, or when any outburst of pyrexia occurs, it may be necessary to give large doses of quinine and digitalis (as much, for instance, as two grains of the former, and 5 or 7 minims of the tincture every two hours) in order to bring down the temperature; but still it must be remembered that treatment to be successful must be directed towards a general increase of nutrition. This holds good whether phthisis be proved to be due to germs or not. If there is much hæmoptysis, give either some hazeline or acetate of lead and opium. When vomiting has been a very urgent symptom, I have now and then found Dr. Hughes Bennett's treatment of great service, viz., 10 minims of medicinal naphtha, 1 drachm of the compound tincture of cardamoms and camphor mixture to the ounce, to be taken every four hours.

In most cases I have been able to get on very well without inhalations, but have no doubt they might here and there—such as, for instance, where there are very large cavities—prove of very great service. It is astonishing how many really bad cases improve under the above method of treatment; but it is, unfortunately, not altogether suited to the poor on account of the expense which it involves; yet even they, with continued use of the lacto-phosphates, not unfrequently undergo very material improvement. I consider the lacto-phosphates in every way preferable to the hypophosphites, and there can be no doubt we are deeply indebted to Dr. Dusart for such useful and extremely pleasant remedies. As he says, "they act as excitants of all the nutritive functions, ensure digestion, bring back or increase the appetite, and generally improve the vital energies."

#### A Case of Gastric Ulcer.

Dr. Osman B. Campbell reports\* the following case in the *College and Clinical Record*, January 1, 1885:

"I was called, on March 15, 1884, to see Miss R., aged twenty-two, who was suffering with gastric pain; she had had two attacks of hæmatemesis, and was considerably prostrated, from pain and inability to digest a sufficient quantity of food. I found that her trouble dated back four months, when she had had an attack of intermittent fever. Quinia and calomel were given, which broke up the fever, but she did not regain her health. She complained of a feeling of weight and soreness in the right side, near the region of the liver; her abdomen enlarged considerably, so that her clothes had to be widened to the extent of three or four inches; she was constipated, and had throbbing sensations about the umbilicus. She was jaundiced, and had frequent attacks of vomiting, when the contents of the stomach would be ejected, followed by bile. These conditions continued about two months and a half, when, upon vomiting, some black, partially digested blood was ejected. She noticed the same

day that her stools were black and tarry. From that time the taking of food would cause gastralgia and vomiting about twenty minutes after eating.

"Six weeks later, she came under my observation. I found considerable enlargement of the liver and spleen, some bloating of the abdomen, gastralgia and vomiting, excited by taking food. She had just vomited some blood, which I found to be partially digested. She complained of a fixed pain immediately under the ensiform appendix, extending through to the spine. I diagnosed the case as a gastric ulcer, a result of portal congestion. I restricted her diet to skim milk, diluted with one-fourth lime-water, from three to four ounces to be given every three hours, and gave a purge of calomel, to relieve the portal circulation. I prescribed five-drop doses of liquor potassii arsenitis, three times a day, and gave twenty grains of quinia during the twenty-four hours.

"My patient began to improve immediately; there was no more gastralgia nor vomiting; nor was there any appearance of blood in the stools. Six months after I began treating the case all signs of the disease had vanished. The cause of the ulcer was, I believe, portal congestion, caused by malaria."

#### Note on Complete Aspiration.

Dr. David Christie thus writes in the *Med. Press*, January 28, 1885:

For some years past there has been much written regarding the use of the aspirator in cases of pleuritic effusion, and the talent displayed on this subject is creditable to the medical profession; but in using the aspirator, there has been one thing omitted that mars or nearly destroys its utility. I have waited more than two years for some one to find it out, but, strange to say, in vain.

The thing is as simple as making an egg stand on its end *when you know it*, and the only mystery about it is that no one seems to have thought of it. I have tried the partial aspiration as it is usually performed, and find that the pleural cavity refills in a short time; after complete aspiration it does not. The way it is managed is very safe and simple. I put a broad bandage round the chest that can be laced behind like a corset; then, as I pump the fluid out, I press the ribs in by tightening the bandage. I think when I do so it is unnecessary for me to explain that I prevent any internal organ from being displaced (at the same time keeping them at a proper pressure), and the ribs by their elasticity from acting as a suction-pump to cause a re-accumulation of fluid. I allow the bandage to remain on for some days. Any one who understands the action of a pump and a siphon requires no further explanation. Many imagine they do, but are mistaken; these I would advise to consult "Ganot's Physics." After a certain amount of fluid has escaped, dragging pains set in. Tightening the bandage instantly gives relief. Alternate aspirating and lacing should be continued until all is removed; then there is likely to be a fit of spasmodic coughing; the patient may spit some frothy mucus

tinged with blood, but all such symptoms pass off in a few minutes, and do not return—at least that has been my experience.

I may add that the needle should be put in at such an angle that, after piercing the costal pleura, the point can be made to touch it again, so that when the pleurae approach each other the lung may not be wounded; and when necessary, the pleural cavity should be made antiseptically clean.

#### The Management of Patients During Etherization.

Dr. H. L. Burrell thus concludes a paper on this subject in the *Boston Med. and Surg. Jour.*, January 29, 1885:

1. Before etherization, the surgeon should satisfy himself regarding the presence or absence of heart disease.

2. The safety of the patient and the comfort of the etherizer largely depend on the use of pure anhydrous sulphuric ether.

3. The best medium for the administration is one in which the ether can be given in a condensed form or largely mixed with air.

4. As a rule, the patient should have a brief, clear description of the sensations he is about to experience.

5. A room free from bustle and confusion before and after an operative procedure is an essential for quiet etherization.

6. Ether should be administered on an empty stomach.

7. The knowledge of the effect of a glass of wine upon a patient is frequently an indication of the exciting or stupefying effect that ether may have.

8. No mechanical impediment should exist to respiration.

9. The pulse and respiration are the safeguards of etherization.

10. The less ether used in an operative procedure, the better the recovery of the patient from the immediate effects of the operation.

11. A little ether in children goes a long way. Remaining, we have a number of questions on which, possibly, there is difference of opinion. The following suggest themselves to my mind:

The comparative value of the different brands of ether?

Whether it is better to pull the tongue forward or to push the jaw forward?

Whether any patient exists that cannot be etherized?

The comparative values of a sponge, towels, and inhalers?

The use of opiates and stimulants as adjuncts to etherization.

—The *Medical Herald*, January, 1885, tells us that the prize of 40,000 francs offered by the French Academy for some certain test of death, to prevent people from being buried alive, was given to a physician who announced that on holding the hand of the supposed dead person to a strong light, if living a scarlet tinge is seen where the fingers touch, showing a continuous circulation of the blood, no scarlet being seen if dead.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. Harrison Allen, of this city, in a reprint before us, describes a new method of recording the motions of the soft palate, especially with reference to the medical uses to which the method can be applied. The plan he describes is both ingenious and successful, and as he suggests may prove to have applications in other branches of science besides medicine.

—In a valuable paper on our table Dr. C. H. Hughes, of St. Louis, discourses wisely of such important topics as the Hygiene of the Nervous System and Mind; The Relation of the Nervous System to Cholera and its Prophylaxis and Neurotherapy; The Cure and Prevention of Dyspepsia as a Nervous Disease; The Neuropathic Diathesis—its Quarantine and Treatment.

—The *Transactions* of the American Dermatological Association at its eighth annual meeting makes a neat pamphlet of 26 pages. Abstracts of the papers read are given and a number of typical cases are described. The report is prepared by Dr. W. T. Alexander, of New York city.

—Dr. John V. Shoemaker's researches on the oleates in the treatment of skin diseases have been translated into German by the *Monatshefte für Praktische Dermatologie*.

—Under the title "One Hundred Years of Publishing," the house of Lea Brothers & Co. rehearse in a well-printed pamphlet the history of their firm and its antecedents since it was started in the year 1785. There are few firms in America who can point to such a record.

—A valuable report on the diseases of the ear in locomotive and other engineers, firemen and conductors, which may endanger the lives of the public, appears in pamphlet form from the proceedings of the American Medical Association, by Dr. Laurence Turnbull. It is an original study, and contains many interesting statistics.

—Dr. P. B. Porter will hereafter edit *Gaillard's Medical Journal*, and will have for collaborators Drs. T. Gaillard Thomas and George T. Harrison, of New York; Hunter McGuire, of Richmond, Va.; and C. H. Mastin, of Mobile.

## BOOK NOTICES.

**A System of Practical Medicine.** By American Authors. Edited by William Pepper, M. D., LL. D., etc., assisted by Louis Starr, M. D.

Vol. I., Pathology and General Diseases. 8vo., pp. 1094. Lea Brothers & Co., Philadelphia, 1885.

There are certain elements of novelty about the extensive undertaking which is commenced with this volume which cannot fail to recommend it to the medical public. It is intended to be a study of the diseases which occur in American life, from the experience of American practitioners and teachers exclusively. This experience is to be obtained, not by culling here and there from the publications of the American profession, but by a series of monographs prepared by the most eminent American physicians on topics of their own choosing, and hence those in which they are most interested. Certainly no other plan could be suggested by which the reader could be secured a higher order of literary and scientific merit. In this design, we should add, the word "American" means Canada and the United States.

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**THE INCREASING ADULTERATION OF MEDICINES.**

The increased adulteration of drugs has lately attracted the earnest attention of health boards. Such adulteration is greatly facilitated by the custom now so widely established, of dispensing medicines already combined in various forms by wholesale drug manufacturing houses. Pills, elixirs, troches, suppositories, tablets, wafers, and we know not how many forms, are no longer put up by the retail druggist, but are manufactured in quantities at large establishments, and the retailer merely aids in distributing them.

Hence, an important check on the fidelity with which the drug is compounded is removed to a distance from the physician. If the remedy does not answer his expectations, he cannot visit the drug store and verify the accuracy with which his prescription was prepared.

What is his remedy?

He cannot himself make analyses of these preparations. Such analyses are delicate, time-consuming, and difficult.

His only remedy appears to be in insisting on the preparations of trustworthy houses, of high repute, who by energy, skill and honesty have gained a reputation which it will not pay them to risk by placing on the market merchandise inferior in quality or diminished in quantity.

How is he to learn of such houses?

Perhaps the advertising pages of the highest class medical journals will offer the readiest means. As a rule, manufacturing druggists who do not advertise in these channels are either weak financially, and hence have a strong temptation to adulterate their goods; or their goods are of such questionable character that they seek to avoid publicity and checks of medical journalism, and introduce them by distributing private circulars, in which any statement can be made and not questioned, or else by traveling drummers, who are equally uncontrolled in their statements.

In fact, the physician may be pretty sure that the firms whose advertisements do not appear in any of the five or six principal medical journals, are absent for good reasons; and it would be as

well for him to discredit the statements of all houses who profess to prefer other means of reaching the profession—they do so, for reasons which, as a general thing, they would not be willing to acknowledge.

## NOTES AND COMMENTS.

### Twenty-five Cases of Abdominal Section.

Dr. J. Greig Smith reports the following cases in the *Lancet*, Jan'y 19, 1885. They are as follows: Ovarian cystoma, 17; solid growths of ovaries, 2; pyosalpinx, 2; hæmosalpinx, 1; exploratory, 3. A prolapsed, adherent, and diseased ovary successfully removed through the vagina is not included.

Among cases of cystic disease is included one where the tumor was mixed dermoid and cystic. In three cases the second ovaries were large enough to be reckoned as separate tumors; in five more the second ovary was removed because of incipient disease.

Of the cases of solid growth, one was a pure fibroma of the ovary, measuring seven by eight inches in its diameters; in the other not only were both ovaries changed into solid growths, each about a pound in weight, but both Fallopian tubes were distended with a fluid fatty material, crowded with crystals of cholesterine.

One of the cases of pyosalpinx was the worst of the series. The patient had been very ill for two months; and when seen was in a low typhoid condition, with high evening temperature (103°) and rapid pulse (120). She had also chronic bronchitis, with constant cough, and some fluid in the right pleura. The tumor was very thick-walled, rotten, almost gangrenous in parts, and, it need scarcely be added, adherent all over, more particularly to the bladder, uterus, and rectum. It contained about eight pints of highly offensive pus. There was free bleeding from innumerable points, which was checked by pressure of sponges. Part of the cyst wall, firmly adherent over the iliac vessels, was surrounded with a ligature and left behind. The operation had to be hurriedly concluded (within the hour), as the patient was near dying on the table. The treatment adopted was the following: Nutrient peptonized enemata, drainage, and daily syringing of the abdomen so long as the discharges continued putrid. The ligatured portion came away through the wound as a slough, large enough to fill a three-ounce bottle. The patient recovered

and went home, but now, eight months since the operation, there exists a sinus in the abdominal parietes, which is gradually closing.

Of the exploratory operations in one case the tumor was found to be malignant, and to have invaded the peritoneum; the patient went home after a month, and lived for nearly a year. A second was found to be encysted peritonitis from miliary tuberculosis. She recovered well from the operation, and died in nine months of her disease. The third was found, as was suspected, to be one of movable kidney, which was fixed.

Of these cases all recovered save one, and here the cause of death was volvulus. The patient was a broken-down woman of fifty-three, a cripple, with her joints all distorted from chronic rheumatic arthritis. The operation was not peculiarly difficult, and she appeared to be out of danger, when, on the fifth day, violent vomiting set in, which became stercoraceous in the end, and killed her in twenty-four hours. At the post-mortem examination a kink in the bowel, which was very dark and congested for a foot of its length above it, explained what, perhaps, ought to have been diagnosed during life. The rapidity with which she succumbed was easily explained by her general feebleness.

In all these cases Listerism was observed in its fullest details, even to catgut (with two or three exceptions) for the pedicle.

The operations are done in the general operating theatre, and no restriction whatever is put on students or visitors who may care to be present. For a week or ten days after operation the patient is kept isolated in a small ward; thereafter she is returned to the general ward. He adds that the infirmary building is a century old, that it stands in a low-lying, poor neighborhood, and that its wards, affording less than eight hundred cubic feet to each patient, are always full, often overcrowded.

### Hydrocele in the Female.

Hennig, of Leipsic, read a paper on this subject before the Society of German Naturalists and Physicians, in Magdeburg.

Hydrocele in the female, he said, was very rare; he has been able to find only thirty-nine cases recorded in literature, and had two cases in his own practice. Apart from their interest to the gynecologist, these cases merit the attention of accoucheurs, as hydrocele may render delivery very difficult, or even impossible; furthermore, the exudation, by passing up the inguinal canal

into the abdomen, during labor, may cause peritonitis; three instances of this accident are recorded. It may also cause sterility; a case is reported in which sterility of fourteen years' standing was cured by removal of the hydrocele. Zuckerkandl made post-mortem examinations of the bodies of nineteen young girls, the ages ranging from one to twelve years; in four cases he found the so-called Nuck's diverticulum, bilateral in three cases. If the hydrocele communicates with the abdominal cavity, the contents may be forced out into the cavity. In many cases small sacs are found in the course of the round ligaments; they are liable to occur after traumatism, and to become inflamed.

Hydrocele occurs from the seventh to the seventieth year, and is more frequent in women who have borne children than in nulliparæ. In 8 cases it was on the right side, in 6 on the left, in 2 it was bilateral. Of 40 cases, the hydrocele completely filled the canal in 25; of these, 3 did not communicate with the abdominal cavity, and 15 were closed cysts. In 5 cases the fluid was bloody.

The affection begins painlessly. At first the swelling is slight, and disappears on lying down. Though there is seldom any fever at first, it comes on when the hydrocele becomes inflamed, which may occur from excessive tension. Erysipelas has also been observed before an operation. Hydrocele in the female has been mistaken for hernia; the diagnosis can be easily made in some cases by the use of the aspirator needle. The hydrocele has been known to suppurate in a few cases, but the suppuration has never extended to the abdomen. Of 28 cases of hydrocele, 23 were cured, and the hydrocele returned in 5 cases. The treatment consists at first in placing a bandage over the sac, and later in making an incision and filling the sac with charpie.—*Centralbl. für Gynäk.*, October 11, 1884.

#### The Hereditary Transmission of Pulmonary Consumption.

This is a most interesting question, and one about which there is much less unanimity of opinion than we found some years since. Dr. John L. Davis publishes a paper on the subject in the *Cinn. Lan. and Clinic*, January 24, 1885, based upon an analysis of one thousand cases in which reliable family histories were given. He thus concludes:

In concluding the subject of the family predisposition to consumption it is proper to state that the results of the analyses of these one thousand

cases lead me to differ decidedly from the opinion of Walshe (*Med. and Chir. Review*, vol. iii.): "Phthisis in the adult hospital population is, to a slight degree only, a disease demonstrably derived from the parents." And my results differ also from those of the directors of the Mutual Life of New York, who declare "The existence of an hereditary tendency to consumption has been generally asserted and believed, but has not been proved; our statistics afford the proof. They show that heredity only occurs in a minority of instances."

Finally, I will briefly relate the history of one family which has come under my personal observation; a record that illustrates a most remarkable hereditary transmission of consumption.

Mr. John T., of Ross county, Ohio, had by his first wife twelve children; the wife died of consumption, and Mr. T. married again and had eight children, and they are all living and neither they nor their descendants have as yet shown a single instance of consumption. But of the twelve children of the first wife, three died early and left no posterity. The remaining nine had children, but these all died of consumption before middle age, except the children of two of the nine. Of these two children of John T., one, a daughter, died of consumption after having had twelve children; of these (third generation), four died as infants; three adults have died of consumption, and three more are now suffering with the disease.

The other survivor was the eldest son of John T., Henry by name. Henry T.'s first wife was phthisical; she had eight children, but they all and she died of consumption.

The second wife also was consumptive; of her nine children, eight, with their mother, died of this disease.

A third wife of Henry T. had five children, but they all died in early manhood of consumption, and their mother soon followed them.

Henry T. married a fourth time, but died soon after of phthisis, leaving no children by his last wife.

This history, which is absolutely trustworthy, illustrates the remarkably hereditary character of pulmonary consumption.

#### The Uses of Sulphide of Calcium.

Before the West London Medico-Chirurgical Society (*Med. Press*, January 7, 1885), Mr. R. F. Benham read a paper on this subject, in which he remarked that in his opinion very many of the failures in the use of this drug were due to too sparing administration. Dr. Ringer drew the at-

tention of the profession to this drug in a paper in vol. i., *Lancet*, 1874, in which he stated that sulphide of calcium possessed the power of arresting and preventing suppuration in such cases as boils, carbuncles, scrofulous and glandular enlargements, and in many skin diseases. After reading many cases treated by various practitioners, the author remarked on the number of unsuccessful cases, and said the quantity given had been too small. A  $\frac{1}{4}$ -grain dose might cure in one case, but not necessarily in another. He regarded the appropriate dose for an adult to be one grain in pill "ter die," but if after, say a week, no improvement occurred, he made an increase of one grain per diem, or every few days, until about eight grains daily were reached. The dose which had hitherto been regarded as poisonous, he found did not produce alarming toxic symptoms; secondly, only a small quantity of the drug taken is decomposed in the alimentary canal to form  $H_2S$ ; and last, but not least, from the ordinary dose he did not find anemia produced, but on the contrary, even where six or eight grains daily were given, general improvement in health resulted even when the drug failed in curing the symptoms for which it had been administered. The author maintained that the physiological action of the drug is not due to its conversion into  $H_2S$  in the organism; it could not be that only a small portion is absorbed and the remainder passed off unchanged—for if so, why should a large dose effect a cure when a small one failed? The author preferred giving the drug in pill, as by this means the taste is unobserved. Mr. Benham read notes of a series of a large number of cases treated with success, and also recommended the drug in phthisis, typhoid, and small-pox.

The President, Mr. Frederick Laurance, had found the drug cause intestinal derangement; he had found it useful in gum-boil. Dr. James Thompson found one-tenth grain the safest dose to begin with. Mr. Maitland Thompson had not found it useful in strumous glandular affections.

#### The Power of Imagination.

Before reporting the following case which Dr. George C. Kingsbury records in the *Brit. Med. Jour.*, Feb'y 7, 1885, let us say that it looks very much like another illustration of the "Power of Imagination." He says: "A few days ago, I was called in to see a female patient, aged 32, who was suffering great pain from an ulcer over the right tibia. The ulcer communicated with some superficial necrosis of the bone, but the patient had refused the surgical aid of several other

practitioners, and now rejected mine also. In order to give her temporary relief, I ordered her to take half a grain of codeia, and to have a linseed-meal poultice applied over the ulcer. She strongly objected to the poultice, saying that, for the last four years, she had had an attack of asthma each time a linseed-poultice had been used. Not crediting this, I insisted on the poultice being put on. Three hours later, I was summoned to see her, as her sister thought she was dying. I found her livid and struggling for breath, and certainly in as bad an attack of asthma as I ever saw. The offending poultice was removed, and the attack gradually subsided. This patient is not troubled by any other kind of poultice; in fact, she is really fond of oatmeal in this form. I have tried whether the dust of dry linseed-meal would induce an attack, but with negative results. If, however, a linseed-poultice be made near her, even though not for her use, she is at once threatened by a feeling of constriction of her chest. Another curious sequence in this case was the appearance of urticaria on the back, chest, and arms, and of a crop of herpes where the poultice had been.

"As exciting causes of asthma, the dust of ipecacuanha, flax, scammony, oats, have all been known. Trousseau relates the case of a chemist who could not powder linseed without having a fit of asthma. In this case, however, the dust had no injurious effect; and I fancy the asthma was produced by the smell given off with the steam of the poultice."

#### Round-Celled Sarcoma.

Dr. A. C. Lamothe Ramsay thus writes in the *Northwestern Lancet*, February 15, 1885:

Round-celled sarcoma is a much rarer affection than is generally supposed; its favorite seat is the periosteum of the bones and the connective tissue, and it is very seldom observed in the integument, which is the favorite location of epithelioma. The diagnosis is only confirmed by a thorough microscopic examination of a hardened section stained with carmine. To the naked eye the tumor has the appearance of a soft, whitish, non-vascular growth, of longer duration than epithelioma, less vascular, less painful, less malignant; for it is propagated only by extension into the neighboring tissues, and not by metastasis, as epithelioma. The sarcoma tends to grow—it is a hyperplasia; the epithelioma tends to destroy, producing necrosis by pressure of the stroma on the surrounding connective tissues.

The epithelioma also spreads in the parenchyma



by projection of the epithelium through the blood and lymph-vessels; the round-celled sarcomas have their vessels intact, even enlarged.

My case was in a heretofore healthy Pole, aged forty, who for the last three years has had growth on his right thumb, which increased slowly and steadily. When I saw him it was larger than a silver dollar and almost encircled the thumb, being situated over the phalangeal articulation, and having a slightly red and indurated base.

It is useless to add that the only treatment was amputation, which was performed at the carpo-metacarpal articulation. As to the question of recurrence after extirpation, I think it less liable to recur than the simple epithelioma, both because the lymphatic glands are very rarely affected in round-celled sarcoma, and on account of the absence of spindle-shaped cells.

#### Xanthelasma.

Of this unusual affection, Dr. W. S. Thorne thus writes in the *Pacific Med. and Surg. Jour.*, February, 1885:

This somewhat rare affection of the skin, was first described by Monsieur Rayer, of Paris, under the name of *Plaques Jaunâtres des paupières*. William, and after him, Addison and Gull, describe this affection under the nomenclature of Vitiligo. Most writers ascribe it to an apparent relationship to some liver affection, or to diabetes. In four autopsies of xanthoinic patients reported by Murchison, Moxon, Fogge and Pye Smith, hepatic disease was found in all. I have recently had the opportunity of observing for two years or more a patient suffering with this unpleasant deformity, in whom no trace of hepatic or any other disease is manifest. The patient, a female, is 38 years of age. The spots began upon both superior lids seven years ago simultaneously, as small yellow maculæ. They now involve nearly the entire surface of the lids. There are a few detached patches upon the lower lids, and at the outer canthus of each eye. The spots are elevated, slightly tuberculated, and in color that of a clean, new chamois skin (Naples Yellow). There is no unusual sensation in them, save an occasional itching; their area is slowly increasing. The minute anatomy of this morbid growth reveals hypertrophy of the connective tissue with localized fatty deposits. The connective tissue corpuscles are greatly increased and are of a yellow color. As my patient is extremely fair and the skin otherwise free from maculæ of any kind, it would seem that the affection of the lids is fairly attributable to perverted local nutrition,

and not to hepatic derangement. It is, perhaps, due to that peculiar habit of body wherein the method of *forming* and *nourishing* tissues is faulty, the only visible evidence in this patient of *struma*.

#### Cocaine in Minor Surgery.

Dr. Irving D. Wiltout contributes to the literature of this drug by writing as follows in the *Northwestern Lancet*, February 15, 1885:

I proposed to extirpate a fatty tumor the size of a hen's egg, situated near the ankle-joint, a little above the outer malleolus. My patient consented to the use of cocaine. I accordingly injected fifteen drops of a four per cent. solution into the body of the tumor. After waiting fifty seconds, I made my incision over the tumor, from above downward. I then separated, with some difficulty, the skin and cellular tissue from the organized mass, and, in my attempt to sever its connection with the tissues, I was obliged to use the knife quite freely. There was little bleeding—soon controlled by the free use of cold water. The several parts were properly adjusted, stitched; a compress and a roller bandage completed the operation and dressing.

During the whole of this operation my patient looked on, an interested spectator, but confessed no pain. The incision with the knife, as well as the force required to separate the tissues from the tumor, and the final force required to separate the mass from the living tissues, did not cause pain—no, not even a sensation.

The usual sick stomach followed the operation, but this cannot be ascribed to the use of cocaine.

My patient was a man of intelligence and of unquestionable integrity, so that, as regards the total absence of pain, I do not regard I have been deceived any.

#### A Treatment of Acute Dysentery.

Dr. Wm. J. Parker thus writes in the *Mississippi Valley Medical Monthly*, November 10, 1884:

For dysentery proper—there being no manifestation of the typhoid condition, and the bright red blood in the alvine dejections not profuse—the following is my plan of treatment for an adult:

B. Oleum ricini, 3i.  
Hydrag. sub-mur., gr. x. M.

Sig.—Every hour, until a "good free (dark) passage" is procured.

And oftentimes it requires five potions to do it. Moreover, if the five do not bring about the free passage, I discontinue the calomel and endeavor to evacuate the bowels at once by continuing the oil—large doses every hour. As soon as possible

after the bowels are evacuated, I commence with quinine. S.—Five grains every three or four hours until my patient is cinchonized. To control the tenesmus, tormina and pains, a half grain of opium, or better, four grains of Dover's powder might be added to the quinine; but, instead of giving an opiate in this manner, injections per anum of starch water and laudanum might produce a better effect. For the fever, if purely dysenteric, I give aconite. As a rule it is necessary to "carry out" this treatment every odd day, *for a time*. You may sigh; nevertheless this plan of treatment, however heroic the first part, acts most happily in *my hands*.

#### Absence of Vagina, Uterus, and Ovaries in an Apparently Well-Built Woman.

In the *New York Med. Jour.*, January 24, 1885, Dr. Henry J. Garrigues reports an abstract of this case. He publishes the case because it was usually said that there should be some signs pointing to such a condition in the appearance of the patient; especially that there should be a weakly, imperfect general development, absence of the mammae, etc., but in this case there were absolutely no such signs. Even on examining the external genital organs one would have supposed the patient to be quite normally developed; it was only on searching for the vagina that he discovered the condition described.

The case was also interesting as showing the manner of natural development of the vagina and uterus. One point which had puzzled him a little was the history of the monthly molimen, for he had been unable to find any trace of ovaries. The patient, however, had some headache and general malaise almost constantly, and we could easily imagine that these symptoms might be increased a little every month.

The question might arise whether he was warranted in telling the patient that nothing could be done for her. Of course, if a uterus had been found, the treatment would have been to make an artificial vagina; but would it be proper to make an artificial vagina for the sole purpose of coition? He thought not; the woman would be exposed to much danger thereby. The operation itself would be dangerous, and the act of copulation in this artificial canal would expose her to constant danger.

#### Cocaine in Rectal Surgery.

The *Lancet*, January 17, 1885, says that cocaine seems destined to play an important part in the treatment of painful affections of the rectum and

genito-urinary system. Dr. Bettelheim, of Vienna, reports the case of a man, aged seventy-four, who had well-marked anginal attacks, the result of atheroma of the aorta and ossification of the coronary arteries. For some time he had, in addition, complained of rectal and vesical tenesmus. Percussion over the bladder showed that it was not dilated, and rectal examination demonstrated the fact that the prostate was much enlarged and probably the cause of the trouble. Cacao butter suppositories were ordered, each containing half a grain of muriate of cocaine. One of these was introduced into the rectum at bedtime, and the patient slept well, and was not troubled during the night. The beneficial effects were apparent the whole of the following day. The suppository was not given that evening, and the patient passed an uncomfortable, restless night. The next day another suppository was ordered, and acted as well as the first. From the promptness and efficacy of the cocaine in this case, a brilliant future may be anticipated for the alkaloid in this department of surgery. It is now being largely used in many of the London hospitals in the treatment of piles, fissure, and fistula.

#### Vinegar in Diarrhoea and Dysentery.

Premising that Dr. John H. Brinton used to recommend, fifteen years ago, injections of cider vinegar in gleet, we note the following practical contribution from Dr. Amos Sawyer to the *St. Louis Med. and Surg. Jour.*, January, 1885:

"About a quarter of a century ago, when giving me some good advice for a young practitioner to follow, the late Dr. B. F. Edwards, of St. Louis, Mo., whose accuracy in the measurement of the action of remedies, truth in statement, and justice toward the members of the profession, made him a shining light in the early history of our State, among other things, said: 'Never make fun of an old woman's remedy, for not only will you give offense and thereby injure your practice to the extent of her influence, but you may throw away what would have proved upon trial to be a valuable adjunct in your practice.' He then cited this case to illustrate the importance of his injunction: 'In 1830, while practicing in Madison county, Ill. I was induced by the representations of an old woman to make the trial, in dysentery and diarrhoea, of tablespoonful-doses of pure cider vinegar, with the addition of sufficient salt to be noticeable, and it acted so charmingly that I have never used anything else.' He was prescribing it in 1870, making a period of forty years."

## Cocaine in Vaginitis.

In the *Medical Press* we read that Dr. G. De G. Griffith has found this new and greatly-vaunted remedy useful in the above condition. Speaking of a case of vaginitis and dysparemia, he says:

"The patient came to me suffering very acutely; not only was pressure on the perineum exquisitely painful, but the bare touching it was pain; indeed, blowing on it produced distress, and so intolerable was the suffering that examination had to be completed under chloroform. On the third occasion of attending the patient, I mopped the perineum, fourchette, and lower part of the vagina with a solution of the cocaine, after which I was able to introduce the large-sized Fergusson's speculum, which was retained for about two hours, as steady, continuous pressure had been found to give relief. I wish particularly to draw attention to the ease procured by the cocaine, although it was transient."

## Valoid of Coca.

The *Lancet*, January 3, 1885, tells us that the valoid is made from the fresh leaves of the coca plant, each drachm representing that weight of the crude drug, including the whole of the alkaloidal and other principles. It has been extensively employed of late, and, curiously enough, is found to exert a double physiological action. In small doses it acts as a sedative promoting sleep, whilst in larger quantities, such as three or four drachms, it stimulates the nervous system and induces an increased capacity for mental exertion. It has been used with much success in sleeplessness arising from overwork or worry and anxiety, and also in the treatment of impotence, spermatorrhœa, and a number of allied diseases. It has no toxic action.

## Ointment for Syphilitic Ulcers.

The *Union Médicale* says that M. Terrillon prescribes the following: Pyrogallie acid and starch, of each twenty parts; vaseline, sixty parts. After mixing, the ointment is to be kept in a completely closed bottle, and is to be applied once a day to venereal ulcers, making two applications when the ulceration is very extensive. The sores lose their virulence after the first dressing. In place of the ointment a powder may be spread over the ulcer, by means of a small bellows, composed of equal parts of pyrogallie acid and starch.

—Dr. E. S. Gaillard, editor of *Gaillard's Medical Journal*, died in New York, February 2.

## CORRESPONDENCE.

## On Muriate of Cocaine.

EDS. MED. AND SURG. REPORTER:—

So much is being written in regard to the use of muriate of cocaine, that any observation tending to establish it on a reliable basis will, I believe, be welcome to the profession. As a local anæsthetic to mucous surfaces with a limited application, its value seems pretty well established. But [that it will mitigate the pains of labor by painting over the os uteri, in which the whole organ shares in the work, as some enthusiasts have claimed, to me seems simply absurd; not to mention the waste of a valuable and expensive remedy, which, at present at least, demands of us an economized use.

My use of it is limited, with one exception, which I briefly append, to traumatic conjunctivitis, with the results heretofore reported.

About Christmas, a little 2 years old girl in one of my families, unknown to its parents, ate a quantity of dough, of which was being constructed one of those gastric abominations, Christmas chicken-pie. Beyond a slight febrile condition, no immediate symptoms were manifest. Soon after Christmas dinner, which consisted of a generous portion of the pie in question, vomiting occurred, continuing through the night at frequent intervals, followed toward morning by brisk purgation. At this juncture I was called, and deeming the digestive tract pretty well evacuated, gave small doses of Dover's powder, combined with minute doses of sub-chloride. In a few hours a brisk convulsion occurred. Castor oil was now administered, which soon revealed the offending substance to be dough, numerous large boli of which were passed at frequent intervals for twenty-four hours. By this time extensive irritation of the rectum was manifest by violent and long-continued tenesmus. Nervous exhaustion indicated by convulsive twitchings, rolling of the head from side to side, disturbed sleep, etc., rendered the case an anxious one. Injections of starch-water and laudanum were of no avail, as with one or two exceptions they could not be retained at all, being forced out beside the rectal tube. A 3 gr. solution of nitrate of silver was of little avail.

I conceived that the muriate of cocaine would be useful if it could be applied. I could not brush it over the surface, the ideal method; no means of injection, and at that time no data as to dose. In this dilemma, I resorted to my cast-away instruments, and found a silver tube some two inches in length, one-eighth inch in diameter, and tipped with a perforated bulb the size of a common pin. I plugged the open end of this, and through the plug thrust the needle of my hypodermic syringe, thus producing an ideal syringe for this purpose. I then drew into my syringe-barrel 15m of a 4 per cent. solution of cocaine, (P. D. & Co.) and, first penciling the anus, injected, with little resistance from my little patient.

This small amount, about 10m, as I estimated the tube would contain about five, was not likely to be rejected. A refreshing sleep of some three

hours followed, the tenesmus did not return, and convalescence was soon established. I should not again hesitate to inject 20 or 30m in a future case, if so much seemed necessary to reach the point of irritation. In such cases as these, I doubt not the cocaine will find a wide field of usefulness, and meet a long-felt want.

L. J. GIBBS, M. D.

*Chicopee Falls, Mass., February 10, 1885.*

## NEWS AND MISCELLANY.

### How Long Are Scarlatinal Patients Infectious?

*The Med. Press*, January 21, 1885, says:

A dispute which is going on at the present time between the Manchester Health Committee and the Board of Management of the Royal Infirmary, illustrates the importance of this question, and the difficulty there is in giving an authoritative answer to it. The former allege that the latter, who are responsible for the management of the Monsal Fever Hospital, are retaining the cases of scarlet fever sent to them an unnecessary time, and they have, in consequence, refused to pay their accounts in full for the last two quarters, deducting some \$2,600. To understand the relations between the two authorities, we may state that in 1881 Manchester obtained powers for the compulsory notification of infectious disease, and at once took steps to provide suitable hospital accommodation. Having no fever hospital belonging to the Corporation, arrangements were made with the Royal Infirmary, and Children's Hospital, at Pendlebury, to receive infectious cases from the city, the remuneration given being a fixed sum annually, and in addition, \$3.50 to \$5.00 per week per patient, according to the number sent. The sums paid during the last two or three years amounted to about \$25,000 per annum to the Royal Infirmary, and \$5,000 to the Children's Hospital. At the beginning of last year, some complaints were made by another authority, who sent patients to Monsal, that they were sending out scarlet fever patients who were still desquamating, and thereby spreading the disease. These complaints caused the Monsal authorities to keep their convalescents for a longer period, and it is to the enhanced expenditure incurred thereby that the authorities of the city of Manchester take exception. They allege that some cases have been retained as long as fourteen weeks, and the majority have been kept considerably over six weeks, a period which their medical adviser, the health officer for Manchester, considers ample. The Board of Management of the Infirmary have passed a resolution calling on the city authorities to pay the sum deducted, forthwith, at the same time refusing to receive more cases except on the understanding that their own medical officers are to be the sole judges of the fitness of the cases to be discharged. The further question then arises for consideration by the corporation, whether it shall establish an infectious hospital of its own, and thus be independent of the Monsal Fever Hospital?

The question in which we, as representing the profession at large, are most interested, is as to

the length of time it is necessary to retain scarlet fever patients in quarantine in order to render them absolutely free from the suspicion of spreading the disease on their discharge? We take it as certain that, as a whole, the profession are agreed that the process of desquamation which usually follows the rash must be complete before the patient is discharged, very few being found to agree with Mr. J. Makinson Fox, Medical Officer of Health for Middlesbrough, who believes "that a fortnight after the cessation of the fever, the epithelium that was shed was, after disinfection of the skin, absolutely harmless." We believe this latter opinion to be not only radically wrong, but extremely dangerous, and to act upon it would seriously endanger the lives of our patients' friends.

We do not believe the disinfectant exists which would effectually destroy the germs or microbes of scarlet fever present in or beneath the epithelial layer without injuring or destroying the skin itself, and nothing short of a complete desquamation will render the patient free from infection. But then the difficulty arises, that while in the majority of cases the skin becomes smooth by the end of the fifth or sixth week, desquamation, especially about the feet or heel, continues for two, or even three months. Is it necessary to retain the patient for this period? We can hardly believe that it is. We believe that if during the period of the fever, or the three weeks during which time the patient usually keeps his bed, he is washed daily with carbolic soap, or water containing some sulphurous acid, and then has warm baths daily during the next three weeks, soaking his feet in water to peel away the thick skin that so pertinaciously adheres, he may be discharged with the greatest probability of safety at this period—the end of the sixth week—and with absolute safety by the end of the eighth. If desquamation reappears after his discharge, we should not think it of any consequence. If the present dispute should be the means of establishing convalescent homes for fever patients where the cost of maintenance would be far less than when in hospital, it will have served a useful purpose.

### How the Commander of the "Monitor" was Wounded.

The fight between the "Monitor" and the "Merrimac" is the subject of *The Century* war series for March. From the late Commodore S. D. Greene's paper, entitled "In the Monitor Turret," we quote the following: "Soon after noon a shell from the enemy's gun, the muzzle not ten yards distant, struck the forward side of the pilot-house directly in the sight-hole, or slit, and exploded, cracking the second iron log and partly lifting the top, leaving an opening. Worden was standing immediately behind this spot, and received in his face the force of the blow, which partly stunned him, and, filling his eyes with powder, utterly blinded him. The injury was known only to those in the pilot-house and its immediate vicinity. The flood of light rushing through the top of the pilot-house, now partly open, caused Worden, blind as he was, to believe that the pilot-house was seriously injured, if not destroyed; he therefore gave orders to put the helm to starboard and



'sheer off.' Thus the 'Monitor' retired temporarily from the action, in order to ascertain the extent of the injuries she had received. At the same time Worden sent for me, and leaving Stimers the only officer in the turret, I went forward at once, and found him standing at the foot of the ladder leading to the pilot-house.

"He was a ghastly sight, with his eyes closed and the blood apparently rushing from every pore in the upper part of his face. He told me that he was seriously wounded, and directed me to take command. I assisted in leading him to a sofa in his cabin, where he was tenderly cared for by Dr. Logue, and then I assumed command. Blind and suffering as he was, Worden's fortitude never forsook him; he frequently asked from his bed of pain of the progress of affairs, and when told that the 'Minnesota' was saved, he said, 'Then I can die happy.'

"When I reached my station in the pilot-house, I found that the iron log was fractured and the top partly open; but the steering-gear was still intact, and the pilot-house was not totally destroyed, as had been feared. In the confusion of the moment resulting from so serious an injury to the commanding officer, the 'Monitor' had been moving without direction. Exactly how much time elapsed from the moment that Worden was wounded until I had reached the pilot-house and completed the examination of the injury at that point, and determined what course to pursue in the damaged condition of the vessel, it is impossible to state; but it could hardly have exceeded twenty minutes at the utmost. During this time the 'Merrimac,' which was leaking badly, had started in the direction of the Elizabeth river; and, on taking my station in the pilot-house and turning the vessel's head in the direction of the 'Merrimac,' I saw that she was already in retreat. A few shots were fired at the retiring vessel, and she continued on to Norfolk."

#### Khartoum.

"The Land of the False Prophet," is the title of the opening illustrated article in the *March Century*, by General R. E. Colston, who was formerly a bey in the Egyptian service. From it we quote the following; "Khartoum is a city numbering between fifty and sixty thousand people. Several European consuls reside there. The American Consul was Azar Abd-el-Melek, a Christian Copt from Esneh, and one of the principal merchants. The European colony is small, and continually changing; for Khartoum is a perfect grave-yard for Europeans, and in the rainy season for natives also, the mortality then averaging from thirty to forty per day, which implies three thousand to four thousand for the season. Khartoum is the commercial centre of the Soudan trade, amounting altogether to sixty-five million dollars a year, and carried on by one thousand European and three thousand Egyptian commercial houses. Drafts and bills of exchange upon Khartoum are as good as gold in Cairo and Alexandria, and vice versa. From official sources I learned that the city contained three thousand and sixty houses, many of them two-storied, each of them having from ten to one hundred and fifty occupants. Stone and lime are found in abun-

dance, and the buildings are, after a fashion, substantial, the houses belonging to rich merchants being very spacious and comfortable. There are large bazaars, in which is found a much greater variety of European and Asiatic goods than would be expected in such distant regions. In the spacious market-place a brisk trade is carried on in cattle, horses, camels, asses, and sheep, as well as grain, fruit, and other agricultural produce. Many years ago an Austrian Roman Catholic mission was established and liberally supported by the Emperor of Austria, and by contributions from the entire Catholic world. It occupies a large parallelogram, surrounded by a solid wall. Within this inclosure in beautiful gardens of palm, fig, pomegranate, orange, and banana trees, stands a massive cathedral, a hospital, and other substantial buildings. Before the people of Egypt and the Soudan had been irritated by foreign interference, such was their perfect toleration and good temper that the priests and nuns, in their distinctive costumes, were always safe from molestation, not only at Khartoum, but even at El Obeid and the neighborhood, where the majority are Mussulmans and the rest heathens. It was stated some months ago that Gordon had abandoned the Governor's palace, and transformed the Catholic mission into a fortress, its surrounding wall and massive buildings rendering it capable of strong resistance."

#### A New View of Cholera.

The Italian correspondent of the *Chicago Medical Journal* (January, 1885), gives the following amusing extract from a pamphlet on cholera, written by Leonard L.:

"Having thus spoken, Leonard asks himself: 'What is cholera?' Upon this question is what he has been meditating in his solitude in the country since 1854. At last he has it. '*It is nothing more than a consequence of the displacement of the worms of which we are made up.* A sudden fear, an indigestion, or any other disorder which shakes, but does not kill the delicate mass of worms, will arouse them, and they, leaving their normal place, will assail and suffocate the patient, as frequently happens in nursing children. The rice-pap discharges are nothing else but a mass of smaller worms with their excreta, triturated by the current of the larger worms which assail the belly, stomach, and throat. The greater or less intensity of the assault are proportionate to the greater or less intensity of the disease, and hence the *cholérine*, the *cholera*, and the *cholérone*.'

"After having reproached physicians, who were not willing to risk their lives by making any autopsy on the cadavers, for the disease is highly contagious, and adding that it is 'one thing to speak about death and courage, and another is surely to die,' he gives a very interesting explanation why cholera becomes diffused and contagious. 'Because the worms, offended by the stench of the cadavers of their brethren, try to escape from their place, and in so doing, violently assail the belly, stomach, and throat, causing the choleraic symptoms, and also death, according to the intensity of the assault, as already described above.'

"Leonard, not yet content with having done so

much good for humanity, sacrifices all himself . . . and suggests remedies indicated to pacify and replace the worms, and to kill those who are enraged when they threaten our lives with deadly assaults, viz.: 'For cholera and cholera, strong coffee, olive oil, rum, bitter decoctions, etc. For the cholera . . . according to the strength of the patient.' These points constitute his secret nostrum, discovered by chance and much tried, which he will make known when 'asked by the authorities.' He is also 'willing to do this if public opinion will favorably receive and appreciate his bold publication.'"

#### A Japanese Girl's Toilet.

When a Japanese girl gets up in the morning, she washes her face, but does not have to dress her hair. That is attended to but once a week. The hair-dresser comes to the house and arranges her jet-black locks in the fashion for little girls of her age. So she has no trouble about her hair, and after her bath, the servant assists her to powder her neck with a small white brush. She puts a little red paint on her lower lip, and a little gilding in the middle. When she removes her sleeping-dress, she has on only a short skirt, which is simply a square piece of cloth, crape, or silk, tied around the waist. No other underclothing is worn.

In making her toilet for the day, she first puts on a garment made usually of some coarse material, not very long, and reaching only to the waist, but with long sleeves. On the neck of this garment is sewed a deep fold of scarlet or some bright-colored crape or silk. A long, straight skirt of blue or red crape, silk, or wool, is tied around the waist; and over all three of these garments is worn the kimono, or dress. This is of some dark color, and made of coarse-spun silk or thick crape. For festivals and holidays, the dresses are of very fine material and very handsome. The outer dress is simply a wrapper, reaching to the feet, with very long and wide sleeves, hanging nearly to the ground, and used as pockets. On each shoulder, a deep tuck is made which extends to the waist, thus making a little fullness for the skirt. But the dress has no gathers, and is straight all the way down. The neck is adorned with a wide piece of black velvet or satin, which reaches nearly to the waist, and the dress is crossed over the bosom and confined by a girdle. Over this is worn a very wide sash, a piece of brocaded silk or satin, stiff with embroidery in gold or silver, lined with soft silk, and fastened behind in a very large bow. When these are all on, but barefooted, or, if in cool weather, in white mitten-socks, made to reach only to the ankle, and with a place in which to put the great toe (just as mittens have a place for the thumb), she goes out to say "Ohaio," or good-morning, to her father or mother.—*M. C. Griffiths, in St. Nicholas for March.*

#### A Japanese Baby.

M. C. Griffiths thus writes in *St. Nicholas* for March:

When Kinè, the little Japanese baby, was one hundred days old, she was carried to the temple,

just as some American parents take their little children to the church to have them christened, though Kinè's parents do not know or worship the true God. The priest wrote a prayer on a piece of paper and put it into the prayer-bag, which was small and made of red crape, embroidered in white flowers and drawn together by silk cords. This bag containing the prayer was the "guard from evil," and it is devoutly believed by all Japanese to have the power of keeping children from evil spirits, from delusion by foxes—for the people think that foxes can cheat or enchant people—and from all dangers. This little red bag was attached to the girdle behind. After bestowing a gift of money upon the priest, the parents and relatives returned home with the little girl and held a great feast in her honor. Kinè was carefully nursed, and carried on the back of a faithful servant, who fastened her there by a long string or bandage drawn around the waist and legs of the child, and crossed over the neck and shoulders of the maid. Her little head and bright eyes would bob on every side as her nurse walked or ran, and here she would go soundly asleep, or play as any baby would. She was never carried in any person's arms. Japanese babies seldom are. When Kinè's aunts or cousins wished to coax her away from her nurse or mother, they would hold their backs invitingly, and she would put out her little arms and go to one or another as she chose. Clapping tightly the neck of the favored one, and held there by the feet or legs, she would be as happy as if cuddled up in the arms. As the baby grew and began to walk, little sandals made of straw were put on her feet. These were fastened on by putting the great toe through a loop. When she was a year old her hair, which had been shaved, was allowed to grow a little, and then tied on the top in a very funny fashion. Every year it was worn differently.

#### The Advantages of a Good Dinner.

We have already referred to Dr. T. Lander Brunton's lectures on "Disorders of Digestion" (see editorial, page 278), and we now note the following amusing and suggestive sentences. He had been to a good dinner, and he says:

"This dinner was a revelation to me; it not only showed me that cookery might rank as one of the fine arts, but taught me that it might be a powerful moral agent. I went to the dinner exhausted with overwork, irritable in temper, and believing that city companies were wasteful bodies, who squandered money that might be employed for useful purposes, and that they should be abolished; I came away feeling strong and well, with an angelic temper, and firmly convinced that city companies had been established for the express purpose of giving dinners, and ought on no account to be interfered with. Nor was the good thus effected of a transitory nature; the irritability of temper, which had disappeared in the course of dinner did not return; and the morning afterwards, instead of awaking with headache and depression, I awoke strong, well, and ready for work, and remained so for a considerable length of time. Nor do I think that mine is a solitary case. A succession of heavy din-

ners is, no doubt, injurious; but when the organism is exhausted, a good dinner, with abundance of wine, is sometimes of the greatest possible use. But there is one condition which must not be neglected, or otherwise the consequences will be anything but satisfactory; the dinner must be well cooked, and the wines must be thoroughly good."

#### An Anecdote of Garfield.

A year before his election, General Garfield could have been seen daily sauntering along Pennsylvania avenue, laughing, talking, nodding his head to this acquaintance and to that, without any obstruction to his progress in the shape of a sidewalk reception. Those who did not know him personally were familiar with his face and name. The ladies had heard his eloquence in the House—the street urchin had seen him at the base-ball grounds, shouting, with the eagerness of a boy, his pleasure or dissatisfaction as the game progressed. While a member of the House he often took occasion to run out into the suburbs of the city to witness this exciting sport. I remember one afternoon when he reached the stand erected on the grounds a few minutes after I did. I was leaning against the front rail of the platform, and, clapping me on the shoulder, he asked, "Who's ahead?" I gave him the information, and he thereupon became so interested in the game that he seemed unaware that his heavy weight upon my little body was, to say the least, inconvenient. He was constantly exclaiming: "Good catch!" "Fine hit!" "Oh! what a muff!" and other well-known extracts from base-ball language, and he soon grew so excited as to make me feel the effects. I thought it wise to move to a place of safety, and I finally succeeded in edging away through the crowd.—From "Among the Law-makers," by Edmund Alton, in *St. Nicholas* for March.

#### Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended February 7, 1885.

Long, W. H., surgeon, relieved at Detroit, Mich., to proceed to Chicago, Ill., and assume charge, February 4, 1885.

Godfrey, John, passed assistant surgeon, to proceed to Vicksburg, Miss., and Memphis, Tenn., as inspector, Feb. 6, 1885.

Bennett, P. H., assistant surgeon, to assume temporary charge of the service at Detroit, Mich., Feb. 4, 1885.

Williams, L. L., assistant surgeon, to report to the officer-in-charge at Detroit, Mich., for temporary duty, Feb. 7, 1885.

#### RESIGNATION.

Miller, T. W., surgeon, resignation accepted by the Secretary of the Treasury, to take effect March 1, 1885, Feb. 4, 1885.

#### PROMOTION.

Godfrey, John, passed assistant surgeon, promoted and appointed surgeon by the Secretary of the Treasury, from March 1, 1885, Feb. 6, 1885.

#### APPOINTMENT.

Williams, L. L., M. D., of South Carolina, hav-

ing passed the examination required by the regulations, was appointed an assistant surgeon by the Secretary of the Treasury, Feb. 6, 1885.

#### Young Women as Athletes.

As evidencing the growing interest in hygiene, we are pleased to note that a number of young society women in this city have organized an athletic club, to be known as the "Women's Athletic Association." The members will include two or three sets of young ladies prominent in society. A hall is to be engaged, and a perfectly-appointed gymnasium will be the feature of the place. At the meeting at which the association was organized there was a heated discussion on the question of roller skating. Of the thirty-nine members, fourteen denounced the amusement as vulgar and prejudicial to health, and the opinions of several of the leading physicians of the city were read to back up their argument; but as twenty-five members voted in favor of rolling skating, a rink will adjoin the gymnasium.

The club members will also form a riding club in the spring, and daily rides will be taken through the Park in pleasant weather. The by-laws of the association state that gentlemen will not be admitted to the rink or gymnasium, and that only riding-masters employed by the association will accompany the members on their riding expeditions. Lady friends of members are to be admitted as spectators to the rink and gymnasium. Negotiations are being made with a view of getting the City Institute Hall, at Eighteenth and Chestnut streets.

#### Medical Missionary Work.

A convention of medical students was held, March 1, in Association Hall, in this city. A number of prominent physicians from this city, and several missionaries from foreign countries, attended both sessions. At the afternoon conference Rev. R. M. Luther, M. D., of Burmah, spoke of medical missions in India and Burmah; Rev. James Cameron, M. D., of the China Inland Mission, gave an account of the propagation of medical science in China and Thibet; Rev. Gerald F. Dale showed its progress in Turkey; and Professor D. Hayes Agnew, M. D., addressed the conference on "Medical Colleges in Heathen Lands."

In the evening, Rev. R. C. Atterbury, M. D., of Peking, China; Rev. Arthur Mitchell, D. D., of New York; and Professor Theophilus Parvin, talked about medical missionary work in general. The purposes of the convention are to get medical students interested in the work, and to bring before the public the necessity of medical missionaries in foreign lands.

#### Sham Quinine.

Dr. C. Edson, of the Health Department of New York, says he is busy working up cases against a good many drug-shops that are selling adulterated quinine. A short time ago he caused the arrest of a druggist named Gebick, at 409 Third avenue, and he has been committed, under bail, to await the action of the Grand Jury. The Doctor, on analyzing the stuff sold as quinine, says

he found it contained 50 per cent. of sugar of milk. Fifteen additional samples, from as many different druggists, are now being analyzed by Professor Waller, of the Columbia School of Mines, and he is morally certain that the majority of these are adulterated with cinchonidia and quinidia; but no names will be given until the guilt of the parties is beyond dispute. It may be added that the supply of genuine quinine in this market is unusually large, and, as prices are comparatively low, there is all the less excuse for palming off on the public the spurious article.

#### Sanitary Council.

The Executive Committee of the Sanitary Council of the Mississippi Valley has fixed the date of the seventh annual meeting of the Council for Tuesday, March 10, proximo, and in the city of New Orleans. This is about a month earlier than its meetings are usually held, and the committee assigns as a reason for the change the probability of Asiatic cholera appearing in the country, and the uncertainty concerning national legislation on public health matters. Invitations are extended to all State and local health authorities in the valley, and to representatives of commercial and transportation interests.

#### Cerebral Studies.

"The Brain of Man: its Architecture and Requirements," is the title of a paper which Dr. A. L. Ranney, of New York, contributes to the coming March *Harper's*. This is a thoroughly scientific, yet highly popular, presentation of the latest knowledge of the brain, which should interest every one who has a brain. There is nothing more marvellous than the recent progress of science in this direction, and a number of diagrams help to make clear to the reader how far scientists believe the localization of function, and to what extent phrenology has a scientific basis.

#### Items.

—Dr. Eugène Bodichon, known chiefly in connection with his efforts to bring into notice the febrifuge qualities of the eucalyptus globulus, died on the 28th of January, at Algiers, aged seventy-four.

—In cirrhosis of the liver, Prof. DaCosta recommends the persistent use of small doses of hydrargyri chloridum corrosivum (gr.  $\frac{1}{16}$  t. d.), with an occasional saline purgative to keep the portal circle unloaded.

—Knowsley Thornton has made eleven nephrectomies, all by abdominal section. All have recovered. This remarkable record is supplemented by four nephrotomies by the lumbar incision, three of which recovered.

—In the *Centralblatt für Gynäkologie*, Dr. Roth regards globus hystericus as due to a paræsthesia of the sympathetic. And as the pellitory root has been found useful in paralysis of the tongue and pharynx, the author was led to try it in globus. He gives from ten to twenty drops of tincture of pyrethrum four times a day. He reports six cases in which he employed it.

—We learn that a meeting of the citizens of East Boston was recently held with reference to the erection of a memorial to the late Dr. Thorne-dike, and that action was taken looking to the building of a public hall to be named after the deceased surgeon.

—In Prof. Bartholow's experience, metrorrhagia produced by fibroids or fungous granulations is much more decidedly held in check by diluted sulphuric acid than by ergot; while menorrhagia dependent upon ovarian excitement is generally more quickly relieved by bromide of potassium.

—In a case of chronic psoriasis of eleven years' duration, and which had during this time baffled all treatment, Prof. DaCosta placed the patient, a young man of 22 years, on Donovan's solution, gtt. x. t. d., to be increased to gtt. xx. t. d.; the object being to produce the full physiological action of the remedy.

—Sir Joseph Lister, Bart., has been appointed by the Emperor of Germany a Knight of the Order Pour le Mérite for Science and Art—an honor very rarely conferred. Professors Koch and Pasteur have recently been elected Corresponding Members of the Academy of Sciences in St. Petersburg.

—In a paper upon butterine, read before the Society of Arts, it is stated that in 1883 over 40,000 tons of that product were imported into England from Holland, the factories at Oss sending 150 tons a week. The latest improved butterine consists of oleomargarine, milk, vegetable oil, and real butter.

—On January 27th, at the West London Hospital, Mr. Swinford Edwards ligatured six large hæmorrhoids in a woman aged fifty. As she was the subject of aortic disease, it was decided not to administer an anæsthetic. One minim of a 4 per cent. solution of cocaine was therefore injected into each pile at the muco-cutaneous junction, after which the entire surface of the mucous membrane at the lower part of the rectum was painted over with a like solution. The operation, which lasted twelve minutes, was almost painless, the patient only slightly feeling the last incision. Twenty-five minims of the solution of cocaine were used in all.

—The Faculty of Medicine of Paris has awarded the prix Châteauevillars to Dr. Constantin Paul for his work entitled "The Diagnosis and Treatment of Diseases of the Heart." The Academy of Medicine has divided that portion destined for prizes of the Morbinne legacy among the following gentlemen: Dr. A. J. Martin, 4,000 francs, for his work on the "Civil Sanitary Administration in Foreign Parts and in France;" Drs. Straus and Roux, 2,000 francs each, for their cholera researches at Toulon; Dr. Van Morris, of Dunkirk, 2,000 francs, and to Dr. Amat, military surgeon, 500 francs, for their memoirs on the influence of sea-bathing in the treatment of scrofula in children.

#### DEATH.

CONNER.—February 3, 1885, 9 a. m., in Palmer, Illinois, Amy Lulu, infant daughter of Dr. J. J. and Mrs. M. E. Conner, of congestion of the lungs, aged 1 year, 4 months and 24 days.